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| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  | Dichelle                   | Christopher                                   |
|   | First name                 | First name                                    |
| Write the name that is on your government-issued                    | _ <b>c</b>                 |   |
| picture identification (for   | Middle name                | Middle name                                   |
| example, your driver's  | Casey                      | Casey   |
| license or passport   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |                            |   |
| have used in the last   | First name                 | First name                                    |
| 8 years   |                            |   |
| Include your married or   | Middle name                | Middle name                                   |
| maiden names.   |                            |   |
|   | Last name                  | Last name                                     |
|   | First a see                | First a succ                                  |
|   | First name                 | First name                                    |
|   | Middle name                | Middle name                                   |
|   | Wilderfatte                | MIGGIETIATIE                                  |
|   | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social                            | XXX - XX- 9269             | XXX - XX- <u>2627</u>                         |
| Security number or  | OR                         | OR  |
| federal İndividual<br>Taxpayer                                      |                            |   |
| Identification number   | 9 xx - xx-                 | 9 xx - xx-                                    |
| (ITIN)  |                            |   |

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| Debtor 1 Dichelle<br>First Name                              | C<br>Middle Name          | Casey<br>Last Name  | Case number (if known)  |
|--|---------------------------|---|---|
|  | About Debtor 1:           |   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 4. Any business names and Employer                           | I have not used any       | business names or EINs.   | I have not used any business names or EINs.                       |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name             |   | Business name   |
| 8 years Include trade names and                              | Business name             |   | Business name   |
| doing business as names                                      | EIN                       |   | EIN   |
|  | EIN                       |   | EIN   |
| 5. Where you live  |                           |   | If Debtor 2 lives at a different address:  14100 Lydia Ave        |
|  | Number Street             |   | Number Street   |
|  | Robbins Illino City State |   | Robbins Illinois 60472 City State Zip Code                        |
|  | Cook<br>County            |   | Cook<br>County  |
|  | If your mailing address   | s is different from the or<br>ote that the court will send<br>ling address. | ne If Debtor 2's mailing address is different from yours,         |
|  | Number Street             |   | Number Street   |
|  | City S                    | State Zip Code  | City State Zip Code   |
| 6. Why you are choosing this district                        | Check one:                |   | Check one:  |
| to file for bankruptcy                                       |                           | ys before filing this petition, I<br>nger than in any other distric         |   |
|  | I have another reason     | n. Explain. (See 28 U.S.C. §§   | § 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
|  |                           |   |   |
|  |                           |   |   |
|  |                           |   |   |
|  |                           |   |   |

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| De  | ebtor 1 Dichelle  | C   |   | sey              |                      | Case number (if kno                            | own)  |   |
|-----|---|---|---|------------------|----------------------|--|---|---|
|     | First Name  | Middle Nam  | e Las   | t Name           |                      |  |   |   |
| Pa  | rt 2: Tell the Court Abo  | ut Your Bankrup   | tcy Case  |                  |                      |  |   |   |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a Bankruptcy (Form Chapter 7 Chapter 11 Chapter 12 Chapter 13   |   |                  |                      |  |   | ndividuals Filing for   |
| 8.  | How you will pay the fee  | <ul> <li>I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).</li> <li>I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.</li> </ul> |   |                  |                      |  |   | you may pay with cash, our behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | No.  ✓ Yes. District  District  District  | Northern District of Northern | of Illinois      | When<br>When<br>When | MM / DD / YYYY<br>12/14/2012<br>MM / DD / YYYY | Case number  Case number  Case number                     | 11-BK-04807<br>12-BK-49091<br>13-BK-30761   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor District Debtor District   |   |                  | When When            | MM / DD / YYYY                                 | Relationship to Case number, Relationship to Case number, | f known   |
| 11. | Do you rent your residence?   | ✓ No.   | e 12.  r landlord obtained  Go to line 12.  Fill out <i>Initial State</i> this bankruptcy p   | ement About an E |                      |  | st You (Form 10   | 1A) and file it with  |

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Debtor 1 Dichelle Casey Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Dichelle C Casey Case number (if known)

#### First Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit ✓ I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Dichelle  | C Cas  |  | number (if known)   |                                       |
|--|--|--|---|---------------------------------------|
| Part 6: First Name  Answer These Que   | Middle Name Last estions for Reporting Purposes  | Name   |   |                                       |
| 16. What kind of debts do you have?  | 16a. Are your debts primarily co "incurred by an individual pr  No. Go to line 16b.  ✓ Yes. Go to line 17.  16b. Are your debts primarily bu | rimarily for a personal, fami<br>usiness debts? Business d<br>estment or through the ope | ly, or household purpose."  Whether are debts that you incurred be aration of the business or investration. | to obtain                             |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  | expenses are paid that fund  No.   |  | y exempt property is excluded and<br>te to unsecured creditors?   | administrative                        |
| 18. How many creditors do you estimate that you owe?   | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | ☐ 25,001-50,00<br>☐ 50,001-100,0<br>☐ More than 100   | 00                                    |
| 19. How much do you estimate your assets to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 m<br>\$10,000,001-\$50 r<br>\$50,000,001-\$100<br>\$100,000,001-\$50    | million   | 01-\$10 billion<br>001-\$50 billion   |
| 20. How much do you estimate your liabilities to be?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 m<br>\$10,000,001-\$50 r<br>\$50,000,001-\$100<br>\$100,000,001-\$50    | million   | 01-\$10 billion<br>001-\$50 billion   |
| Part 7: Sign Below   | <del></del>  | <del></del>  |   |                                       |
| For you  | I have examined this petition, and correct.  If I have chosen to file under Chap of title 11, United States Code. I under Chapter 7.         | oter 7, I am aware that I may<br>understand the relief availab                           | / proceed, if eligible, under Chap<br>ble under each chapter, and I cho                                     | ter 7, 11,12, or 13<br>ose to proceed |
| If no attorney represents me and I did not pay or agree to pay someone who is no out this document, I have obtained and read the notice required by 11 U.S.C. § 3 I request relief in accordance with the chapter of title 11, United States Code, sp I understand making a false statement, concealing property, or obtaining money connection with a bankruptcy case can result in fines up to \$250,000, or impriso both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |   | s petition.<br>by fraud in            |
|  | /s/ Dichelle Casey   | ×  | /s/ Christopher Casey   |                                       |
|  | Signature of Debtor 1  |  | Signature of Debtor 2   |                                       |
|  | Executed on 4/13/2018<br>MM / DD / Y   | YYYY   | Executed on 4/13/2018 MM / DD / YYY   | <u>Y</u>                              |

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| Debtor 1 Dichelle                                | С  | Casey                | Case number (i           | Case number (if known)                       |  |  |  |  |
|--|--|----------------------|--------------------------|--|--|--|--|--|
| First Name                                       | Middle Name  | Last Name            |                          |  |  |  |  |  |
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the |                      |                          |  |  |  |  |  |
| If you are not                                   | debtor(s) the notice requ  | uired by 11 U.S.C. § | 342(b) and, in a case in | which § 707(b)(4)(D) applies, certify that I |  |  |  |  |
| represented by an                                | have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.   |                      |                          |  |  |  |  |  |
| attorney, you do not                             | · ·  | . ,                  |                          | ·  |  |  |  |  |
| need to file this page.                          | /s/ Brittney Mansfie   | γld                  | Date                     | 4/13/2018                                    |  |  |  |  |
|  | Signature of Attorney  |                      |                          | MM / DD / YYYY                               |  |  |  |  |
|  | ,  |                      |                          |  |  |  |  |  |
|  |  |                      |                          |  |  |  |  |  |
|  | Brittney Mansfield   |                      |                          |  |  |  |  |  |
|  | Printed name   |                      |                          |  |  |  |  |  |
|  | Semrad Law Firm  |                      |                          |  |  |  |  |  |
|  | Firm name  |                      |                          |  |  |  |  |  |
|  | 11101 S. Western Ave   | onuo                 |                          |  |  |  |  |  |
|  | Street   | Silue                |                          |  |  |  |  |  |
|  | Guode  |                      |                          |  |  |  |  |  |
|  |  |                      |                          |  |  |  |  |  |
|  | Chicago  |                      | Illinois                 | 60643  |  |  |  |  |
|  | City   |                      | State                    | Zip Code                                     |  |  |  |  |
|  |  |                      |                          |  |  |  |  |  |
|  | Contact phone  | 3124477849           | Email address            | bmansfield@semradlaw.com                     |  |  |  |  |
|  |  |                      |                          |  |  |  |  |  |
|  |  |                      |                          |  |  |  |  |  |
|  | Bar number   |                      | State                    | State  |  |  |  |  |

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| Debtor 1 Dichelle  | С             | Casey                         |              | Case number (if kn | own)        |             |
|--|---------------|-------------------------------|--------------|--------------------|-------------|-------------|
| First Name   | Middle Name   | Last Name                     |              |                    | <u>-</u>    | _           |
| Additional Page  |               |                               |              |                    |             |             |
| <ol> <li>Have you filed for<br/>bankruptcy within the</li> </ol> | ☐ No.         |                               |              |                    |             |             |
| last 8 years?  | Yes. District | Northern District of Illinois | When         | 7/31/2013          | Case number | 13-BK-30761 |
|  | _             |                               |              | MM / DD / YYYY     | -<br>-      |             |
|  | District      | Northern District of Illinois | When         | 5/2/2014           | Case number | 14-BK-16763 |
|  | _             |                               |              | MM / DD / YYYY     | _           |             |
|  | District      | Northern District of Illinois | When         | 2/8/2011           | Case number | 11-bk-04807 |
|  | _             | _                             | <del>_</del> | MM / DD / YYYY     | _           |             |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|
| Debtor 1  | Dichelle                  | С           | Casey                |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |
| Debtor 2  | Christopher               |             | Casey                |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |
| Case number<br>(If known)                       |                           |             | (State)              |  |  |  |

| П | Check if this is an |
|---|---------------------|
| _ | amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own |
|--|--------------------------------------|
| . Schedule A/B: Property (Official Form 106A/B)  | <b>#</b> 40,000,00                   |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$40,000.00                          |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$10,700.00                          |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$50,700.00                          |
| Part 2: Summarize Your Liabilities   |                                      |
|  | Your liabilities<br>Amount you owe   |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | ¢105 160 00                          |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$105,160.00<br>—                    |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$3,000.00                           |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$27,484.00                          |
| Your total liabilities   | \$135,644.00                         |
| Part 3: Summarize Your Income and Expenses   |                                      |
| Part 3: Summarize Your Income and Expenses   |                                      |
| . Schedule I: Your Income (Official Form 106I)   | \$3.131.32                           |
|  | \$3,131.32                           |
| . Schedule I: Your Income (Official Form 106I)   | \$3,131.32                           |

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| Deb         | otor 1 Dichelle  | С   | Casey  | Case number (if known)  |            |  |  |  |  |  |  |
|-------------|--|---|--|---|------------|--|--|--|--|--|--|
|             | First Name   | Middle Name   | Last Name  |   |            |  |  |  |  |  |  |
| Part        | 4: Answer These Qu   | estions for Administrati  | ive and Statistical Record   | ls  |            |  |  |  |  |  |  |
| 6. <b>/</b> | Are you filing for bankrupt  | cy under Chapters 7, 11, or                                     | 13?  |   |            |  |  |  |  |  |  |
|             | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |   |  |   |            |  |  |  |  |  |  |
|             | ✓ Yes.   |   |  |   |            |  |  |  |  |  |  |
| 7. <b>V</b> | What kind of debt do you h   | nave?   |  |   |            |  |  |  |  |  |  |
|             |  |   | mer debts are those incurred by ill out lines 8-10 for statistical p | r an individual primarily for a personal, urposes. 28 U.S.C. § 159. |            |  |  |  |  |  |  |
|             |  | imarily consumer debts. Yo ith your other schedules.            | u have nothing to report on this                                     | s part of the form. Check this box and s                            | ubmit      |  |  |  |  |  |  |
|             |  | our Current Monthly Income<br>Form 122B Line 11; <b>OR</b> , Fo | e: Copy your total current mont<br>orm 122C-1 Line 14.               | hly income from Official  | \$2,472.12 |  |  |  |  |  |  |
| 9.          | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:   |   |  |   |            |  |  |  |  |  |  |
|             | From Part 4 on Schedule  | e E/F, copy the following:                                      |  | Total claim   |            |  |  |  |  |  |  |
|             | 9a. Domestic support obli  | gations (Copy line 6a.)   |  | \$0.00  |            |  |  |  |  |  |  |
|             | 9b. Taxes and certain other  | er debts you owe the governm                                    | nent. (Copy line 6b.)  | \$3,000.00  |            |  |  |  |  |  |  |
|             | 9c. Claims for death or pe   | rsonal injury while you were ir                                 | ntoxicated. (Copy line 6c.)  | \$0.00  |            |  |  |  |  |  |  |
|             | 9d. Student loans. (Copy   | line 6f.)   |  | \$0.00  |            |  |  |  |  |  |  |
|             | 9e. Obligations arising our priority claims. (Copy line  | t of a separation agreement of                                  | t as \$0.00  |   |            |  |  |  |  |  |  |
|             | 9f. Debts to pension or pr   | ofit-sharing plans, and other                                   | \$0.00   |   |            |  |  |  |  |  |  |
|             |  |   |  |   |            |  |  |  |  |  |  |

\$3,000.00

9g. **Total.** Add lines 9a through 9f.

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| Fill in this                           | information                               | to identify your o  | case:  |                            |   |                                    |   |   |
|--|---|---|--|----------------------------|---|------------------------------------|---|---|
| Debtor 1                               | Dich                                      | elle  | С  |                            | Casey   |                                    |   |   |
| Debtor 1                               |   | Name  | Middle N   | lame                       | Last Name   |                                    |   |   |
| Debtor 2                               |   | stopher   |  |                            | Casey   |                                    |   |   |
| (Spouse, if fi                         | ling) First                               | Name  | Middle N   | lame                       | Last Name   |                                    |   |   |
| United Sta                             | ates Bankrup                              | otcy Court for the:   | Northern   |                            | District of Illinois (State)  |                                    |   |   |
| Case num<br>(If known)                 | ber                                       |   |  |                            | . ,   |                                    |   |   |
| Officia                                | ıl Form                                   | 106A/B  |  |                            |   |                                    |   | Check if this is an amended filing  |
| Sche                                   | dule A                                    | /B: Prope   | erty   |                            |   |                                    |   | 12/1  |
| category v<br>responsibl<br>write your | where you to<br>be for supple<br>name and | hink it fits best.<br>ying correct infor<br>case number (if l | Be as complete a<br>rmation. If more s<br>known). Answer e | nd acc<br>pace i<br>very q | curate as possible. If two<br>s needed, attach a sepa                           | married people<br>rate sheet to th | han one category, list the<br>are filing together, both a<br>s form. On the top of any a<br>re an Interest In | are equally   |
| 1. Do you                              | own or ha                                 | ve any legal or e   | quitable interest i  | in any                     | residence, building, lan  | d, or similar pro                  | perty?  |   |
|  | No. Go to                                 | Part 2  |  |                            |   |                                    |   |   |
| V                                      | Yes. Where                                | is the property?  |  |                            |   |                                    |   |   |
| 1.1                                    |   |   |  |                            | t is the property? Check  | all that apply.                    | the amount of any secu  | claims or exemptions. Put red claims on Schedule D:                                   |
|  | Street addr<br>14100 S L                  | ess, if available, or<br>vdia Ave                             | other description  |                            | Ouplex or multi-unit buildir  | ıg                                 | Creditors Who Have Cla  | nims Secured by Property.   |
|  | Number                                    | Street  |  |                            | Condominium or cooperat<br>Manufactured or mobile ho                            |                                    | Current value of the entire property? \$40000.00  | Current value of the portion you own? \$40000.00                                      |
|  | Robbins                                   | Illinois  | 60472  | Land                       |   |                                    | •   |   |
|  | City                                      | State   | Zip Code   | Ħ                          | nvestment property  |                                    | Describe the nature of  |   |
|  | Cook                                      |   |  | Ħ                          | imeshare  |                                    | interest (such as fee s<br>the entireties, or a life  |   |
|  | County                                    |   |  | Ħ                          | Other   |                                    |   |   |
|  |   |   |  | Who one.                   | has an interest in the p  | roperty? Check                     | Check if this is co   | ommunity property   |
|  |   |   |  |                            | Debtor 1 only   |                                    |   |   |
|  |   |   |  |                            | Debtor 2 only   |                                    |   |   |
|  |   |   |  |                            | Debtor 1 and Debtor 2 only  | ,                                  |   |   |
|  |   |   |  |                            | at least one of the debtors   |                                    |   |   |
|  |   |   |  | _                          |   |                                    |   |   |
|  |   |   |  |                            | r information you wish t  |                                    | •   |   |
|  |   |   |  | numl                       | erty identification<br>ber:   | 28-02-404-08                       | 7-0000  |   |
| If you                                 | own or hav                                | e more than one, I  | ist here:  |                            |   |                                    |   |   |
| 1.2                                    | Observation delication                    | y and John  | - the section of the                                       |                            | t is the property? Check<br>Single-family home                                  | all that apply.                    | the amount of any secu  | claims or exemptions. Put ired claims on <i>Schedule D:</i> nims Secured by Property. |
|  | Street addr                               | ess, if available, or   | other description  |                            | Ouplex or multi-unit buildir  | ıg                                 |   | , ,   |
|  |   |   |  |                            | Condominium or cooperat   | ive                                | Current value of the<br>entire property?  | Current value of the portion you own?   |
|  |   |   |  |                            | Nanufactured or mobile ho   | ome                                |   |   |
|  | Number                                    | Ctroot  |  |                            | and .   |                                    | <b>.</b>  |   |
|  | Number                                    | Street  |  |                            | nvestment property  |                                    | Describe the nature of<br>interest (such as fee s   |   |
|  | City                                      | Ctoto   | Zin Codo   |                            | imeshare<br>Other   |                                    | the entireties, or a life   |   |
|  | City                                      | State   | Zip Code   | Who one.                   | has an interest in the p Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only |                                    | Check if this is co<br>(see instructions)   | ommunity property   |
|  |   |   |  |                            | t least one of the debtors  |                                    |   |   |

property identification number:

Other information you wish to add about this item, such as local

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| Debtor 1                      | Dichelle<br>First Name  | C<br>Middle Name                                 | Casey<br>Last Name   | Case numbe        | r (if known)  |   |
|-------------------------------|---|--|--|-------------------|---|---|
| 1.3 Stre                      | et address, if available, or ot                               |  | What is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home   | t apply.          | the amount of any secu  | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own? |
| Nun<br>City                   | nber Street<br>State  | Zip Code   | Land Investment property Timeshare Other   |                   | Describe the nature of interest (such as fees the entireties, or a life | simple, tenancy by  |
|                               |   |  | Who has an interest in the propert Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and only Other information you wish to add property identification number: | nother            | (see instructions)  | ommunity property   |
|                               | the dollar value of the po<br>ve attached for Part 1. Wi      | rtion you own for<br>rite that number h          | all of your entries from Part 1, inc<br>iere.  | luding any entrie | s for pages \$40  | 0000.00   |
| <b>Do you ow</b><br>you own t | hat someone else drives. If yours, trucks, tractors, sport ut | <b>equitable interes</b><br>you lease a vehicle, | t in any vehicles, whether they are also report it on Schedule G: Executorycles  | -                 | -   |   |
| 3.1                           | Make<br>Model:<br>Year:                                       | Hyundai<br>Elantra<br>2016                       | Who has an interest in the proone.   | operty? Check     | the amount of any sec   | I claims or exemptions. Put<br>ured claims on <i>Schedule D:</i><br>laims Secured by Property.                        |
|                               | Approximate mileage: Other information: 2016 Hyundai Elantra  | 42500  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a   |                   | Current value of the entire property?<br>\$8975.00                      | Current value of the portion you own?<br>\$8975.00  |
| 3.2                           | Make<br>Model:<br>Year:                                       |  | who has an interest in the proone.  Debtor 1 only  | operty? Check     | the amount of any sec   | I claims or exemptions. Put<br>ured claims on <i>Schedule D:</i><br>laims Secured by Property.                        |
|                               | Approximate mileage: Other information:                       |  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is community instructions)  |                   | Current value of the entire property?                                   | Current value of the portion you own?   |

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| Debtor 1 | Dichelle<br>First Name   | C<br>Middle Name | Casey<br>Last Name   | Case numbe                                     | r (if known)           | _  |
|----------|--|------------------|--|--|------------------------|--|
| 3.3      | Make Model: Year: Approximate mileage: Other information:                  |                  | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor Check if this is comminstructions) | only<br>tors and another                       | the amount of any secu | claims or exemptions. Put ared claims on Schedule D: nims Secured by Property.  Current value of the portion you own?                          |
| 3.4      | Make Model: Year: Approximate mileage: Other information:                  |                  | Who has an interest in thone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2   |  | the amount of any secu | claims or exemptions. Put<br>ared claims on Schedule D:<br>aims Secured by Property.<br>Current value of the<br>portion you own?               |
|          | ercraft, aircraft, motor ho<br>mples: Boats, trailers, motors<br>No<br>Yes | •                | -  | nunity property (see<br>ner vehicles, and acce |                        |  |
| 4.1      |  |                  | Who has an interest in thone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor 1 check if this is comminstructions) | only<br>tors and another                       | the amount of any secu | claims or exemptions. Put ared claims on Schedule D: nims Secured by Property.  Current value of the portion you own?                          |
| 4.2      | Make<br>Model:<br>Year:<br>Approximate mileage:<br>Other information:      |                  | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor Check if this is comminstructions) | only<br>tors and another                       | the amount of any secu | claims or exemptions. Put<br>ared claims on <i>Schedule D:</i><br>aims <i>Secured by Property.</i><br>Current value of the<br>portion you own? |
|          | the dollar value of the polye attached for Part 2. Wr                      | •                | instructions) of your entries from Part 2  | , including any entrie                         |                        | 975.00   |

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Debtor 1 Dichelle Casev Case number (if known) First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used bedroom furniture, used living room furniture, used dining room furniture \$100.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music 2 Used Cell phones, 2 used tvs, used laptop Yes. Describe... \$350.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, aold, silver No Yes. Describe... Wedding Bands \$750.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **V** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1500.00 for Part 3. Write that number here ......

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Debtor 1 Dichelle Casey Case number (if known) First Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition \$25.00 Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$200.00 17.1. Checking account: CIBC 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Debt | or 1 Dichelle                             | C  | Casey                         | Case number (if known)                      |               |
|------|---|--|-------------------------------|---|---------------|
|      | First Name                                | Middle Name  | Last Name                     |   |               |
| 20.  | Negotiable instruments i                  | orate bonds and other negotia<br>nclude personal checks, cashiers<br>ents are those you cannot transfe | s' checks, promissory no      | tes, and money orders.                      |               |
|      | Yes. Give specific information about them | Issuer name:   |                               |   |               |
|      |   |  |                               |   |               |
| 21.  | _   |  | ), thrift savings accounts    | s, or other pension or profit-sharing plans |               |
|      | ✓ No  Yes. List each                      | Type of account:   | Institution name:             |   |               |
|      | account separately.                       | 401(k) or similar plan:  |                               |   | · <del></del> |
|      |   | Pension plan:  |                               |   |               |
|      |   | IRA: Retirement account:   |                               |   |               |
|      |   | Keogh:   |                               |   |               |
|      |   | Additional account:  |                               |   |               |
|      |   | Additional account:  |                               |   |               |
| 22.  |   | prepayments<br>I deposits you have made so tha<br>with landlords, prepaid rent, publ                   |                               |   |               |
|      | Yes                                       | Electric:  |                               |   |               |
|      |   | Gas:   |                               |   |               |
|      |   | Heating oil:   |                               |   |               |
|      |   | Security deposit on rental unit:   |                               |   |               |
|      |   | Prepaid rent:  |                               |   |               |
|      |   | Telephone: Water:  |                               |   |               |
|      |   | Rented furniture:  |                               |   | . ———         |
|      |   | Other:   |                               |   |               |
| 23.  | Annuities (A contract fo                  | r a periodic payment of money to   | o you, either for life or for | r a number of years)                        |               |
|      | ✓ No  Yes                                 | Issuer name and description:   |                               |   |               |
|      |   |  |                               |   |               |
|      |   | _  |                               |   |               |

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| Debto | or 1 Dichelle  | C  | Casey                                    | Case number (if known)  |   |
|-------|--|--|--|---|---|
| 24.   | First Name  Interests in an educati  | Middle Name<br>on IRA, in an account in a qu   | Last Name ralified ABLE program, or unde | r a qualified state tuition program.  |   |
|       | 26 U.S.C. §§ 530(b)(1),  | 529A(b), and 529(b)(1).  |  |   |   |
|       | No Institution Yes   | name and description. Separa   | tely file the records of any interest    | ts.11 U.S.C. § 521(c):  |   |
|       |  |  |  |   |   |
|       |  |  |  |   |   |
| 25.   | Trusts, equitable or fut exercisable for your be   |  | er than anything listed in line          | 1), and rights or powers  |   |
|       | ✓ No  Yes. Describe  |  |  |   |   |
|       | Tes. Describe  |  |  |   |   |
| 26.   |  | ademarks, trade secrets, and   |  |   |   |
|       | No No  | un names, websites, proceeds   | from royalties and licensing agree       | ements  |   |
|       | Yes. Describe  |  |  |   |   |
|       |  |  |  |   |   |
| 27.   |  | nd other general intangibles its, exclusive licenses, coopera  | tive association holdings, liquor li     | censes, professional licenses   |   |
|       | ✓ No  Yes. Describe  |  |  |   |   |
|       | Tes. Besonse   |  |  |   |   |
|       |  |  |  |   |   |
| Mon   | ey or property owed  | to you?  |  |   | Current value of the portion you own?  Do not deduct secured claims or exemptions.  |
|       | ey or property owed  Tax refunds owed to you   |  |  |   | portion you own?  |
|       | Tax refunds owed to you  ✓ No  | ,<br>  |  | Federal:  | portion you own? Do not deduct secured claims or exemptions.  |
|       | Tax refunds owed to you  | u<br>ormation<br>Sluding whether   |  | Federal:<br>State:  | portion you own? Do not deduct secured  |
|       | Tax refunds owed to you  ✓ No  — Yes. Give specific info   | ormation<br>Sluding whether<br>If the returns  |  |   | portion you own? Do not deduct secured claims or exemptions.  |
| 28.   | Tax refunds owed to you  No Yes. Give specific information about them, incomposed you already filed and the tax year.  Family support  | ormation<br>cluding whether<br>d the returns   | ort, child support, maintenance,         | State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.   | Tax refunds owed to you  No Yes. Give specific information about them, incomposed and the tax year  Family support  Examples: Past due or lur  | prmation Sluding whether If the returns Th | ort, child support, maintenance,         | State:  Local:  divorce settlement, property settlemen  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.   | Tax refunds owed to you  No Yes. Give specific information about them, incomposed and the tax year  Family support  Examples: Past due or lunce and the tax and the tax year.  | prmation Sluding whether If the returns Th | ort, child support, maintenance,         | State:  Local:  divorce settlement, property settlemen  Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t  \$0.00                           |
| 28.   | Tax refunds owed to you  No Yes. Give specific information about them, incomposed and the tax year  Family support  Examples: Past due or lur  | prmation Sluding whether If the returns Th | ort, child support, maintenance,         | State:  Local:  divorce settlement, property settlemen  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.   | Tax refunds owed to you  No Yes. Give specific information about them, incomposed and the tax year  Family support  Examples: Past due or lur  | prmation Sluding whether If the returns Th | ort, child support, maintenance,         | State:  Local:  divorce settlement, property settlement  Alimony:  Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  \$0.00  t  \$0.00 \$0.00                     |
| 28.   | Tax refunds owed to you  No Yes. Give specific information about them, incomposed and the tax year  Family support  Examples: Past due or lur  | prmation Sluding whether If the returns Th | ort, child support, maintenance,         | State:  Local:  divorce settlement, property settlement  Alimony:  Maintenance:  Support:                                       | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00                |
| 29.   | Tax refunds owed to you  No Yes. Give specific info about them, inc you already filed and the tax year  Family support Examples: Past due or lur  No Yes. Give specific info  Other amounts someon   | prmation Sluding whether If the returns rs   |  | State: Local:  divorce settlement, property settlement  Alimony:  Maintenance:  Support:  Divorce settlement:                   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owed to you  No Yes. Give specific info about them, inc you already filec and the tax year  Family support Examples: Past due or lur  No Yes. Give specific info  Other amounts someon Examples: Unpaid wages, Social Security | prmation Sluding whether If the returns rs   | disability benefits, sick pay, vaca      | State: Local:  divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owed to you  No Yes. Give specific information about them, incomposed and the tax years  Family support  Examples: Past due or lund No Yes. Give specific information Other amounts someon  Examples: Unpaid wages,            | prmation Sluding whether If the returns rs   | disability benefits, sick pay, vaca      | State: Local:  divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb  | tor 1    | Dichelle   | С   | Casey   | Case number (if known)                         |  |
|------|----------|--|---|---|--|--|
|      |          | First Name                                       | Middle Name                                     | Last Name   |  |  |
| 31.  |          | erests in insurance<br>amples: Health, disab     |   | alth savings account (HSA); credit, h                               | nomeowner's, or renter's insurance             |  |
|      | ✓<br>□   | No<br>Yes. Name the insu<br>of each policy and I |   | Company name:   | Beneficiary:                                   | Surrender or refund value:   |
| 32.  | If yo    |  | of a living trust, expect                       | someone who has died proceeds from a life insurance polic           | y, or are currently entitled to receive        |  |
|      |          | No<br>Yes. Describe                              |   |   |  |  |
| 33.  |          |  |   | you have filed a lawsuit or made<br>urance claims, or rights to sue | a demand for payment                           |  |
|      | <b>✓</b> | No<br>Yes. Describe                              |   |   |  |  |
| 34.  |          | ner contingent and<br>set off claims             | unliquidated claims of                          | every nature, including counter                                     | claims of the debtor and rights                |  |
|      | <b>✓</b> | No<br>Yes. Describe                              |   |   |  |  |
| 35.  | Any      | ı financial assets yo                            | ou did not already list                         |   |  |  |
|      | <b>✓</b> | No<br>Yes. Describe                              |   |   |  |  |
| 36.  |          |  | -   | n Part 4, including any entries fo                                  |  | \$225.00   |
| Part | 5:       | Describe Any Bu                                  | usiness-Related Pro                             | perty You Own or Have an I  | nterest In. List any real estate in Par        | t 1.   |
| 37.  | Do y     | you own or have ar                               | ny legal or equitable in                        | terest in any business-related pr                                   | operty?  |  |
|      |          | No. Go to Part 6.<br>Yes. Go to line 38.         |   |   |  | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | _        |  | or commissions you alre                         | eady earned   |  |  |
|      |          | No<br>Yes. Describe                              |   |   |  |  |
| 39.  |          |  | nishings, and supplies ated computers, software | e, modems, printers, copiers, fax m                                 | achines, rugs, telephones, desks, chairs, elec | stronic devices  |
|      | <b>✓</b> | No<br>Yes. Describe                              |   |   |  |  |
|      | _        | L  |   |   |  |  |

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| Debt  | or 1 Dichelle First Name             | C<br>Middle Name                     | Casey<br>Last Name                | Case number (if known)          |                                       |
|-------|--------------------------------------|--------------------------------------|-----------------------------------|---------------------------------|---------------------------------------|
| 40.   |                                      |                                      | ee in business, and tools of yo   | our trade                       |                                       |
|       |                                      | , quipinons, supplies you us         |                                   |                                 |                                       |
|       | Yes. Describe                        |                                      |                                   |                                 |                                       |
|       | ш                                    |                                      |                                   |                                 |                                       |
| 41    | Inventory                            |                                      |                                   |                                 |                                       |
| 41.   |                                      |                                      |                                   |                                 |                                       |
|       | ✓ No  Yes. Describe                  |                                      |                                   |                                 |                                       |
|       | Tes. Describe                        |                                      |                                   |                                 |                                       |
|       |                                      | <del></del>                          |                                   |                                 |                                       |
| 42.   | Interests in partnersh               | nips or joint ventures               |                                   |                                 |                                       |
|       | ✓ No                                 | N                                    | ame of entity:                    | % of ownership:                 |                                       |
|       | Yes. Give specific information about |                                      | •                                 | ·                               |                                       |
|       | them                                 | <del>-</del>                         |                                   |                                 |                                       |
|       |                                      | _                                    |                                   |                                 |                                       |
|       |                                      | <u>-</u>                             |                                   |                                 | <u> </u>                              |
| 43.   | Customer lists, mailing              | lists, or other compilation          | ns                                |                                 |                                       |
|       | No No                                |                                      |                                   | 10.0.5.101/41400                |                                       |
|       | Yes. Do your lists i                 | nclude personally identifiable       | e information (as defined in 11 L | J.S.C. § 101(41A))?             |                                       |
|       | ☐ No                                 |                                      |                                   |                                 |                                       |
|       | Yes. Desc                            | cribe                                |                                   |                                 |                                       |
| 44.   | Any business-related                 | property you did not alrea           | dy list                           |                                 |                                       |
|       | <b>✓</b> No                          |                                      |                                   |                                 |                                       |
|       | Yes. Give specific                   | _                                    |                                   |                                 |                                       |
|       | information                          | <del>-</del>                         |                                   |                                 |                                       |
|       |                                      | _                                    |                                   |                                 | <del>_</del>                          |
|       |                                      | _                                    |                                   |                                 |                                       |
|       |                                      |                                      |                                   |                                 |                                       |
|       |                                      | _                                    |                                   |                                 | <del>_</del>                          |
|       |                                      | _                                    |                                   |                                 | <del>-</del>                          |
| 45. A | dd the dollar value of a             | all of your entries from Par         | t 5, including any entries for    | pages you have attached         |                                       |
|       |                                      | er here                              |                                   |                                 |                                       |
| Part  | 6. Describe Any F                    | arm- and Commercial                  | Fishing-Related Property          | You Own or Have an Interest In. |                                       |
|       |                                      | n interest in farmland, list it in F |                                   |                                 |                                       |
| 46.   | Do you own or have a                 | nny legal or equitable inter         | est in any farm- or commerc       | ial fishing-related property?   |                                       |
|       | No. Go to Part 7.                    |                                      |                                   |                                 | Current value of the portion you own? |
|       | Yes. Go to line 47.                  |                                      |                                   |                                 | Do not deduct secured claims          |
| 47    | Farm animals                         |                                      |                                   |                                 | or exemptions                         |
| 47.   | Examples: Livestock, p               | oultry, farm-raised fish             |                                   |                                 |                                       |
|       | <b>√</b> No                          |                                      |                                   |                                 |                                       |
|       | Yes. Describe                        |                                      |                                   |                                 |                                       |
|       | <u> </u>                             |                                      |                                   |                                 |                                       |

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| Debt         | or 1 Dichelle<br>First Name |  | Casey<br>Last Name     | Case number (if known)       |                   |
|--------------|-----------------------------|--|------------------------|------------------------------|-------------------|
| 48.          | Crops-either growing        | or harvested                             |                        |                              |                   |
|              | <b>✓</b> No                 |  |                        |                              |                   |
|              | Yes. Describe               |  |                        |                              |                   |
|              |                             |  |                        |                              |                   |
| 49.          | Farm and fishing equip      | pment, implements, machinery, fixtur     | es, and tools of trade |                              |                   |
|              | No Voc Describe             |  |                        |                              |                   |
|              | Yes. Describe               |  |                        |                              |                   |
| 50.          | Farm and fishing supp       | lies, chemicals, and feed                |                        |                              |                   |
|              | <b>✓</b> No                 | ,  |                        |                              |                   |
|              | Yes. Describe               |  |                        |                              |                   |
|              |                             |  |                        |                              |                   |
| 51.          | Any farm- and comme         | rcial fishing-related property you did   | not already list       |                              |                   |
|              | ✓ No                        |  |                        |                              |                   |
|              | Yes. Describe               |  |                        |                              |                   |
|              |                             |  |                        |                              |                   |
|              |                             | II of your entries from Part 6, includin |                        |                              |                   |
| <b>&gt;</b>  |                             |  |                        |                              |                   |
|              |                             |  |                        |                              |                   |
| Part 7       | Describe All Pro            | perty You Own or Have an Intere          | est in That You Did No | ot List Above                |                   |
| 53.          |                             | perty of any kind you did not already l  | list?                  |                              |                   |
|              | No No                       | s, country club membership               |                        |                              |                   |
|              | Yes. Give specific          |  |                        |                              |                   |
|              | information                 |  |                        |                              |                   |
|              |                             |  |                        |                              |                   |
| 54. Ad       | dd the dollar value of a    | II of your entries from Part 7. Write th | at number here         |                              | <b>&gt;</b>       |
|              |                             | •  |                        |                              |                   |
|              |                             |  |                        |                              |                   |
|              |                             |  |                        |                              |                   |
| Part 8       | List the Totals of          | f Each Part of this Form                 |                        |                              |                   |
|              |                             |  |                        |                              | <b>#</b> 40000 00 |
| 55. <b>F</b> | Part 1: Total real estate   | e, line 2                                |                        |                              | \$40000.00        |
| 56. <b>p</b> | art 2 total vehicles, lin   | ne 5                                     | \$8975.00              |                              |                   |
| 57. <b>P</b> | art 3: Total personal ar    | nd household items, line 15              | \$1500.00              |                              |                   |
| 58. <b>P</b> | art 4: Total financial as   | ssets, line 36                           | \$225.00               |                              |                   |
| 59. <b>F</b> | Part 5: Total business-r    | elated property, line 45                 |                        |                              |                   |
| 60. <b>F</b> | art 6: Total farm- and      | fishing-related property, line 52        |                        |                              |                   |
| 61. <b>F</b> | art 7: Total other prop     | erty not listed, line 54                 |                        |                              |                   |
| 62. <b>T</b> | otal personal property      | . Add lines 56 through 61                | \$10700.00             |                              | + \$10700.00      |
|              |                             |  |                        | Copy personal property total |                   |
| 60.7         | otal of all property S      | Schedule A/B. Add line 55 + line 62      |                        |                              | \$50700.00        |
| US.10        | otal of all property on S   | Delicative A/D. Aud line 35 + line 62    |                        |                              |                   |

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| Fill in this information to identify your case: |                           |             |                             |  |  |  |
|---|---------------------------|-------------|-----------------------------|--|--|--|
| Debtor 1  | Dichelle                  | С           | Casey                       |  |  |  |
|   | First Name                | Middle Name | Last Name                   |  |  |  |
| Debtor 2  | Christopher               |             | Casey                       |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                   |  |  |  |
| United States B                                 | Bankruptcy Court for the: | Northern    | District of Illinois(State) |  |  |  |
| Case number<br>(If known)                       |                           |             | (Oldio)                     |  |  |  |

### Official Form 106C

### Check if this is an amended filing

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Clair   | m as Exempt   |   |  |
|----|---|---|---|--|
| 1. | Which set of exemptions are you claim   | ing? Check one only, ev   | ren if your spouse is filing with you.  |  |
|    | You are claiming state and federal  | nonbankruptcy exemp   | otions. 11 U.S.C. § 522(b)(3)   |  |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(2  | 2)  |  |
| 2. | For any property you list on Schedule A   | I/B that you claim as e   | xempt, fill in the information below.   |  |
|    | Brief description of the property and line on Schedule A/B that lists this property       | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption           |
|    | Brief description: 14100 S Lydia Ave, Robbins , IL 60472 Line from Schedule A/B: 01       | \$40,000.00   | \$0  100% of fair market value, up to any applicable statutory limit                                | 735 ILCS 5/12-901                            |
|    | Brief description: Hyundai Elantra, 2016, 2016 Hyundai Elantra Line from Schedule A/B: 03 | \$8,975.00  | \$0 100% of fair market value, up to any applicable statutory limit                                 | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| 3. | ✓ No  | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |  |

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Debtor 1 Dichelle С Casey Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$200.00 description:  $\checkmark$ \$200.00 Checking account, CIBC 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B: 17 Brief 735 ILCS 5/12-1001(b) \$100.00 description: **✓** \$100.00 Used bedroom furniture, 100% of fair market value, up to any used living room furniture, used dining applicable statutory limit room furniture Line from Schedule A/B: 06 735 ILCS 5/12-1001(a) \$300.00 description: **✓** \$300.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 11 735 ILCS 5/12-1001(b) Brief \$350.00 description: **✓** \$350.00 2 Used Cell phones, 2 100% of fair market value, up to any used tvs, used laptop applicable statutory limit Line from Schedule A/B: 07 735 ILCS 5/12-1001(b) Brief \$750.00 description:  $\checkmark$ \$750.00 **Wedding Bands** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 12

\$25.00

100% of fair market value, up to any

applicable statutory limit

\$25.00

Brief

description:

Line from

Schedule A/B:

Cash on Hand

16

735 ILCS 5/12-1001(b)

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| Fill in | this information to identify your cas              | se:   |  |  |                                   |
|---------|--|---|--|--|-----------------------------------|
| Debto   | r 1 Dichelle                                       | C Casey   |  |  |                                   |
| Dobto   | First Name   | Middle Name Last Name   |  |  |                                   |
| Debto   | r 2 Christopher                                    | Casey   |  |  |                                   |
| (Spouse | e, if filing) First Name                           | Middle Name Last Name   |  |  |                                   |
| United  | d States Bankruptcy Court for the:                 | Northern District of Illinois   |  |  |                                   |
| Case i  | number<br>''n)                                     | (State)   |  |  |                                   |
| Offi    | cial Form 106D                                     |   | I  |  | Check if this is a amended filing |
| Sch     | nedule D: Credito                                  | ors Who Have Claims Secure  | ed by Prop   | erty   | 12/1                              |
|         |  | le. If two married people are filing together, both are equanal Page, fill it out, number the entries, and attach it to t     |  |  |                                   |
| name a  | and case number (if known).                        |   |  |  |                                   |
| 1. [    | Do any creditors have claims se                    | ecured by your property?  |  |  |                                   |
|         | No. Check this box and subm                        | it this form to the court with your other schedules. You hav  | e nothing else to rep                                  | ort on this form.                            |                                   |
| [       | Yes. Fill in all of the information                | below.  |  |  |                                   |
| Part 1  | List All Secured Claims                            |   |  |  |                                   |
| 2.      |  | or has more than one secured claim, list the creditor   | Column A   | Column B                                     | Column C                          |
|         |  | an one creditor has a particular claim, list the other creditors the claims in alphabetical order according to the creditor's | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured<br>portion<br>If any    |
| 2.1     | HYUNDAI CAPITAL AMERIC                             | Describe the property that secures the claim:   | \$20,510.00  | \$8,975.00                                   | <u>\$11,535.0</u> 0               |
|         | Creditor's Name 10550 TALBERT AVE                  | 2016 Hyundai Elantra  |  |  |                                   |
|         | Number Street                                      | As of the date you file, the claim is: Check all that apply.  |  |  |                                   |
|         |  | Contingent  |  |  |                                   |
|         | FOUNTAIN   | Unliquidated  |  |  |                                   |
|         | City CA 92708 State ZIP Code                       | Disputed  |  |  |                                   |
|         | Who owes the debt? Check one.                      | Nature of lien. Check all that apply.   |  |  |                                   |
|         | Debtor 1 only Debtor 2 only                        | An agreement you made (such as mortgage or secured car loan)  |  |  |                                   |
|         | Debtor 1 and Debtor 2 only                         | Statutory lien (such as tax lien, mechanic's lien)  |  |  |                                   |
|         | At least one of the debtors                        | Judgment lien from a lawsuit  |  |  |                                   |
|         | and another  | Other (including a right to offset)   |  |  |                                   |
|         | Check if this claim relates to a community debt    |   |  |  |                                   |
|         | Date debt was 3/2016 incurred                      | Last 4 digits of account number7055   |  |  |                                   |
| 2.2     | CARRINGTON MORTGAGE SE<br>Creditor's Name          | Describe the property that secures the claim:   | \$79,800.00  | \$40,000.00                                  | \$39,800.00                       |
|         | 1600 S DOUGLASS RD STE 2                           | 14100 S Lydia Ave, Robbins, IL 60472  |  |  |                                   |
|         | Number Street                                      | As of the date you file, the claim is: Check all that apply.  |  |  |                                   |
|         |  | Contingent  |  |  |                                   |
|         | ANAHEIM CA 92806 City State ZIP Code               | Unliquidated  |  |  |                                   |
|         | Who owes the debt? Check one.                      | Disputed  |  |  |                                   |
|         | ✓ Debtor 1 only                                    | Nature of lien. Check all that apply.   |  |  |                                   |
|         | Debtor 2 only                                      | An agreement you made (such as mortgage or secured car loan)  |  |  |                                   |
|         | Debtor 1 and Debtor 2 only                         | Statutory lien (such as tax lien, mechanic's lien)  |  |  |                                   |
|         | At least one of the debtors and another            | Judgment lien from a lawsuit  |  |  |                                   |
|         | Check if this claim relates                        | Other (including a right to offset)   |  |  |                                   |
|         | to a community debt  Date debt was 7/2007 incurred | Last 4 digits of account number 3162  |  |  |                                   |
|         |  | our entries in Column A on this page. Write that number   | \$100,310.00   |  |                                   |
|         | here:  |   |  |  |                                   |

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| Debto | or 1 Dichelle C  |   | Case nu  | umber (if known)  |  |                                   |
|-------|--|---|--|---|--|-----------------------------------|
| Pa    | Additional Page  | liddle Name Last Name his page, number them beginning wit   | h 2.3, followed by   | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.3   | Illinois Department of Revenue Creditor's Name  118 N Clark  Number Street  Chicago IL 60602 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Date debt was incurred | Describe the property that secures  14100 S Lydia Ave, Robbins , IL 6047 As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as car loan) Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number | 2 Property Taxes Check all that apply. mortgage or secured | \$4,400.00  | \$40,000.00  | \$0.00                            |
| 2.4   | Village of Robbins Water Department  Creditor's Name 3327 W 137th St  Number Street  Robbins IL 60472  City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Date debt was incurred   | Describe the property that secures  14100 S Lydia Ave, Robbins , IL 6047 As of the date you file, the claim is:  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as car loan) Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number | 2 Water Bill Check all that apply. mortgage or secured     | \$450.00  | \$40,000.00  | \$0.00                            |
|       | here:  | ur entries in Column A on this page. Wour form, add the dollar value totals fr  |  | \$4,850.00<br>\$105,160.00  |  |                                   |

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| Fill in                                     | this inforr  | mation to identify your c   | case:  |  |  |   |  |  |
|---|--|---|--|--|--|---|--|--|
| Debto                                       | r 1  | Dichelle  | С  | Casey  |  |   |  |  |
|   | _  | First Name  | Middle Name  | Last Name  |  |   |  |  |
| Debto<br>(Spous                             | e, if filing)  | Christopher<br>First Name   | Middle Name  | Casey<br>Last Name   |  |   |  |  |
| United                                      | d States B   | ankruptcy Court for the:  | Northern   | District of Illinois (State)   |  |   |  |  |
| Case (If know                               | number<br>′n)  |   |  | (Glate)  |  |   |  |  |
| Offic                                       | cial Fo  | orm 106E/F  |  |  | 1  | Chec  | k if this is ar                                      | amended filing                                   |
| Scl   | hedu   | ıle E/F: Cre  | editors Who  | o Have Unsecure  | d Claims   | ;   |  | 12/1   |
| other programmer form 1 claims the en known | party to a 106A/B) a that are tries in the l).  List A Do any cr | any executory contracts<br>and on Schedule G: Exe<br>listed in Schedule D: C  | s or unexpired leases t<br>ecutory Contracts and l<br>Creditors Who Hold Cla<br>ttach the Continuation  Y Unsecured Claims |  | executory contract<br>G). Do not include a<br>ce is needed, copy | ts on <i>Schedul</i><br>any creditors<br>y the Part you | le <i>A/B: Prop</i><br>with partia<br>u need, fill i | perty (Official<br>ally secured<br>t out, number |
|   | Yes.   | 30 to Part 2.   |  |  |  |   |  |  |
| 2. L  | ist all of isted, iden as much a Continuati                      | ntify what type of claim it<br>as possible, list the claims<br>on Page of Part 1. If mor  | is. If a claim has both pr<br>s in alphabetical order acc<br>re than one creditor holds                                    | s more than one priority unsecured clair iority and nonpriority amounts, list that of cording to the creditor's name. If you has a particular claim, list the other creditor is for this form in the instruction bookle  | claim here and show<br>ave more than two p<br>s in Part 3.       | both priority   | and nonprio  | rity amounts.                                    |
|   |  |   |  |  |  | Total<br>claim  | Priority amount                                      | Nonpriority amount                               |
| 2.1   | IRS  |   |  | - Last 4 digits of account number  |  | \$0.00  | \$0.00   | \$0.00   |
|   | Philadelp City Who inc Debt Debt At le                           | Street  | Zip Code<br>one.<br>nd another   | When was the debt incurred?  As of the date you file, the claim is apply.  Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured claim  Domestic support obligations  Taxes and certain other debts yo government  Claims for death or personal injurint oxicated | n:<br>u owe the<br>ry while you were                             |   |  |  |
|   | ✓ No   | ann subject to onset:   |  | Other. Specify   |  |   |  |  |
| 2.2   |  | Illinois - Dept of Revenue<br>Freditor's Name<br>19043<br>Street  | 3  | Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is   | n/a  | \$3,000.00  | \$0.00   | \$3,000.00                                       |
|   | Debt Debt Debt Debt Debt Debt Che                                | state urred the debt? Check tor 1 only tor 2 only tor 1 and Debtor 2 only ast one of the debtors ar ck if this claim relates aim subject to offset? | nd another   | apply.  Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured clain  Domestic support obligations  ✓ Taxes and certain other debts yo government  Claims for death or personal injurintoxicated  Other. Specify   | n:<br>u owe the<br>ry while you were                             |   |  |  |

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| Debto  | or 1   |  | С                        | Casey           | Case number (if known)  |                   |  |  |
|--------|--|--|--------------------------|-----------------|---|-------------------|--|--|
|        |  |  | Middle Name              | Last Name       |   |                   |  |  |
| Part 2 | 2:   | List All of Your NONPRIOR                            | ITY Unsecured Cla        | nims            |   |                   |  |  |
| [      | <ul> <li>Do any creditors have nonpriority unsecured claims against you?</li> <li>No. You have nothing to report in this part. Submit this form to the court with your other schedules.</li> <li>Yes.</li> </ul> |  |                          |                 |   |                   |  |  |
| L<br>I | inse<br>f m  | ecured claim, list the creditor separ                | ately for each claim. Fo | r each claim li | er of the creditor who holds each claim. If a creditor has more isted, identify what type of claim it is. Do not list claims already incepts and part 3.If you have more than four priority unsecured claims fill out | cluded in Part 1. |  |  |
|        |  |  |                          |                 |   | Total claim       |  |  |
| 4.1    | _  | APITALONE  |                          |                 | Last 4 digits of account number1687   | \$393.00          |  |  |
|        |  | onpriority Creditor's Name<br>o Pollack & Rosen, P.C |                          |                 | When was the debt incurred? 5/2016  |                   |  |  |
|        |  | umber Street   |                          |                 | As of the date you file, the claim is: Check all that apply.  |                   |  |  |
|        | 18   | 825 Barrett Lakes Blvd Suite 510                     |                          |                 | Contingent  |                   |  |  |
|        |  | ennesaw Georgia                                      |                          |                 | Unliquidated  |                   |  |  |
|        |  | ity State  /ho incurred the debt? Check on           | Zip Code                 |                 | Disputed  |                   |  |  |
|        | Ë  | Debtor 1 only  | С.                       |                 |   |                   |  |  |
|        |  | Debtor 2 only  |                          |                 | Type of NONPRIORITY unsecured claim:  |                   |  |  |
|        |  | Debtor 1 and Debtor 2 only                           |                          |                 | Student loans   |                   |  |  |
|        | F  | At least one of the debtors and                      | another                  |                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                   |  |  |
|        | F  | Check if this claim relates to                       |                          |                 | Debts to pension or profit-sharing plans, and other similar   |                   |  |  |
|        | L  | the claim subject to offset?                         | a community debt         |                 | debts  Other. Specify CreditCard  |                   |  |  |
|        | V  | - · ·  |                          |                 | <u> </u>  |                   |  |  |
|        | Ė  | Yes  |                          |                 |   |                   |  |  |
| 4.0    |  |  |                          |                 |   | <b>A700.00</b>    |  |  |
| 4.2    |  | CHOLDINGS<br>onpriority Creditor's Name              |                          |                 | Last 4 digits of account number0709   | \$720.00          |  |  |
|        | _  | 01 CROSSWAYS PARK DR W<br>umber Street               |                          |                 | When was the debt incurred? 3/2016  |                   |  |  |
|        | INI  | umber Street   |                          |                 | As of the date you file, the claim is: Check all that apply.  |                   |  |  |
|        | _  |  |                          |                 | Contingent  |                   |  |  |
|        | Ci   | OODBURY New You<br>ity State                         | rk 11797<br>Zip Code     |                 | Unliquidated  |                   |  |  |
|        |  | <b>/ho incurred the debt?</b> Check on               |                          |                 | Disputed  |                   |  |  |
|        | L  | Debtor 1 only  |                          |                 | Type of NONPRIORITY unsecured claim:  |                   |  |  |
|        | ~  | Debtor 2 only  |                          |                 | Student loans   |                   |  |  |
|        |  | Debtor 1 and Debtor 2 only                           |                          |                 | Obligations arising out of a separation agreement or  |                   |  |  |
|        |  | At least one of the debtors and                      | another                  |                 | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar   |                   |  |  |
|        |  | Check if this claim relates to                       | a community debt         |                 | debts   |                   |  |  |
|        | ls   | the claim subject to offset?                         |                          |                 | Other. Specify CreditCard   |                   |  |  |
|        | <u></u>  | No   |                          |                 |   |                   |  |  |
|        | L  | Yes  |                          |                 |   |                   |  |  |
| 4.3    |  | ITIMORTGAGE INC<br>onpriority Creditor's Name        |                          |                 | Last 4 digits of account number8674   | \$0.00            |  |  |
|        |  | O BOX 9442   |                          |                 | When was the debt incurred? 7/2007  |                   |  |  |
|        | Νι   | umber Street   |                          |                 | As of the date you file, the claim is: Check all that apply.  |                   |  |  |
|        | _  |  |                          |                 | Contingent  |                   |  |  |
|        |  | AITHERSBURG Maryland<br>ity State                    | d 20898<br>Zip Code      |                 | Unliquidated  |                   |  |  |
|        |  | tho incurred the debt? Check on                      | •                        |                 | Disputed  |                   |  |  |
|        | ~  | T. Dalata and A. and a                               |                          |                 | Type of NONPRIORITY unsecured claim:  |                   |  |  |
|        | Ē  | Debtor 2 only  |                          |                 | Student loans   |                   |  |  |
|        | Ē  | Debtor 1 and Debtor 2 only                           |                          |                 | Obligations arising out of a separation agreement or  |                   |  |  |
|        | F  | At least one of the debtors and                      | another                  |                 | divorce that you did not report as priority claims  |                   |  |  |
|        | F  | Check if this claim relates to                       | a community debt         |                 | Debts to pension or profit-sharing plans, and other similar debts   |                   |  |  |
|        | L<br>Is  | the claim subject to offset?                         | _ serminanty wood        |                 | Other. Specify 360 Mortgage   |                   |  |  |
|        | V  | - · ·  |                          |                 | <u> </u>  |                   |  |  |
|        | Ë  | -<br>7 Vac   |                          |                 |   |                   |  |  |

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\_\_\_\_\_ Case number (if known) Casey Last Name Debtor 1 Dichelle First Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

|     | After listing any entries on this page, number them beginning with              | 1 4.5, followed by 4.6, and so forth.   | Total claim |
|-----|---|---|-------------|
| 4.4 | City of Chicago - Parking and red Light Tickets Nonpriority Creditor's Name     | Last 4 digits of account number   | \$6,000.00  |
|     | Department of Revenue - PO Box 88292  | When was the debt incurred?n/a  |             |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|     |   | Contingent  |             |
|     | Chicago Illinois 60680  | Unliquidated  |             |
|     | City State Zip Code   | Disputed  |             |
|     | Who incurred the debt? Check one.  Debtor 1 only                                | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 2 only   | Student loans   |             |
|     | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     | At least one of the debtors and another   | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|     | Check if this claim relates to a community debt                                 | Other. Specify Unpaid Tickets   |             |
|     | Is the claim subject to offset?   | _   |             |
|     | ✓ No  |   |             |
|     | Yes   |   |             |
| 4.5 | CREDIT MGMT Nonpriority Creditor's Name   | Last 4 digits of account number 8577  | \$0.00      |
|     | 4200 INTÉRNATIONAL Number Street  | When was the debt incurred? 9/2012  |             |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|     | OARROLL TON. To an arrow 75007  | Contingent  |             |
|     | CARROLLTON Texas 75007 City State Zip Code                                      | Unliquidated  |             |
|     | Who incurred the debt? Check one.   | Disputed  |             |
|     | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 2 only   | Student loans   |             |
|     | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     | At least one of the debtors and another   | Debts to pension or profit-sharing plans, and other similar   |             |
|     | Check if this claim relates to a community debt                                 | debts  001 Collection; Collecting for   |             |
|     | Is the claim subject to offset?   | ORIGINAL CREDITOR: 11 WIDE  |             |
|     | Yes   | Other. Specify OPEN WEST SETTLEMENT   |             |
| 4.6 | CREDIT ONE BANK NA  |   | ¢671.00     |
| 4.6 | Nonpriority Creditor's Name   | Last 4 digits of account number 6253  | \$671.00    |
|     | PO BOX 98875<br>Number Street   | When was the debt incurred? 8/2017  |             |
|     |   | As of the date you file, the claim is: Check all that apply.  |             |
|     | LAS VEGAS Nevada 89193  | Contingent  |             |
|     | City State Zip Code   | Unliquidated  |             |
|     | Who incurred the debt? Check one.  Debtor 1 only                                | Disputed  |             |
|     | Debtor 1 only  Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |
|     | Debtor 1 and Debtor 2 only  | Student loans   |             |
|     | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     | 님   | Debts to pension or profit-sharing plans, and other similar   |             |
|     | Check if this claim relates to a community debt Is the claim subject to offset? | debts  Other. Specify CreditCard  |             |
|     | No  | V   |             |

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 Debtor 1
 Dichelle
 C
 Casey
 Case number (lif known)

 First Name
 Middle Name
 Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation                | on Page   |             |
|--------|---|---|-------------|
|        | After listing any entries on this page, number them beginning w | rith 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.7    | CREDIT ONE BANK NA  | Last 4 digits of account number 0650  | \$0.00      |
|        | Nonpriority Creditor's Name<br>PO BOX 98875                     | When was the debt incurred? 2/2016  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | Contingent  |             |
|        | LAS VEGAS Nevada 89193  | Unliquidated  |             |
|        | City State Zip Code Who incurred the debt? Check one.           | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or  |             |
|        | At least one of the debtors and another                         | divorce that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Is the claim subject to offset?                                 | debts  Other. Specify  CreditCard   |             |
|        | No  |   |             |
|        | Yes   |   |             |
| 4.8    | ELAN FINANCIAL SERVICE  |   | \$60.00     |
| 4.0    | Nonpriority Creditor's Name                                     | - Last 4 digits of account number 4284  |             |
|        | 777 E WISCONSIN AVE Number Street                               | When was the debt incurred? 12/2015   |             |
|        |   | As of the date you file, the claim is: Check all that apply.  |             |
|        | MILWAUKEE Wisconsin 53202                                       | Contingent  |             |
|        | City State Zip Code   | Unliquidated  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only                | Disputed  |             |
|        | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|        |   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Check if this claim relates to a community debt                 | debts   |             |
|        | Is the claim subject to offset?                                 | Other. Specify CreditCard   |             |
|        | ✓ No  |   |             |
|        | Yes   |   |             |
| 4.9    | FED LOAN SERV Nonpriority Creditor's Name                       | Last 4 digits of account number0010   | \$0.00      |
|        | P.O. Box 60610  | When was the debt incurred? 4/2015  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | <ul><li>Contingent</li></ul>  |             |
|        | Cornwall Pennsylvania 17016                                     | Unliquidated  |             |
|        | City State Zip Code   | Disputed  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only                | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | ✓ Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or  |             |
|        | <u>'</u>  | divorce that you did not report as priority claims  |             |
|        | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Check if this claim relates to a community debt                 | Other. Specify  |             |
|        | Is the claim subject to offset?                                 |   |             |
|        | ✓ No  |   |             |
|        | Yes   |   |             |

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C Debtor 1 Dichelle Casev Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 \$2,268.00 Last 4 digits of account number Nonpriority Creditor's Name 265 BROAD HOLLOW R When was the debt incurred? 9/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent **MELVILLE** 11747 New York Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: ◪ Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify 48 Lease Is the claim subject to offset? ◪ **✓** No Yes 4.11 FIRST PREMIER BANK \$901.00 Last 4 digits of account number 9641 Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 When was the debt incurred? 2/2016 Number Street As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent Saint Cloud Minnesota 56302 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? CreditCard **✓** No Yes 4.12 **GLOBAL NETWK** \$0.00 Last 4 digits of account number 9750 Nonpriority Creditor's Name When was the debt incurred? 8/2012 5320 COLLEGE BLVD Number Street As of the date you file, the claim is: Check all that apply. Contingent SHAWNEE 66211 Kansas Unliquidated MISSION State Zip Code City Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts

✓ No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify

UnknownLoanType

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C Debtor 1 Dichelle Casev Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** HEIGHTS FINANCE CORP 4.13 \$1,078.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3/2012 141 ELM ST Number Street As of the date you file, the claim is: Check all that apply. Contingent WESTFIELD Massachusetts 01085 Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: ◪ Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify 019 InstallmentLoan Is the claim subject to offset? **✓** No Yes 4.14 Illinois Department of Employment Security \$3,800.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 4385 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60680 Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Overpayment of Benefits Is the claim subject to offset? **✓** No Yes KEYNOTE CONS 4.15 \$0.00 Last 4 digits of account number 4289 Nonpriority Creditor's Name When was the debt incurred? 2/2014 1501 West Dundee Number As of the date you file, the claim is: Check all that apply. Contingent Illinois 60089 Buffalo Grove Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or At least one of the debtors and another divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: MEDICAL

✓ No Yes

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C Debtor 1 Dichelle Casev Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 KOHLS/CAPONE \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 11/2015 PO BOX 3115 Number Street As of the date you file, the claim is: Check all that apply. Contingent MILWAUKEE 53201 Wisconsin Unliquidated City State 7ip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: ◪ Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes 4.17 MBB \$544.00 7145 Last 4 digits of account number Nonpriority Creditor's Name 1550 N NORTWEST HWY STE 403 When was the debt incurred? 4/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent PARK RIDGE Illinois 60068 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify PAYMENT DATA Yes 4.18 MONTEREY FINANCIAL SVC \$0.00 Last 4 digits of account number 5387 Nonpriority Creditor's Name When was the debt incurred? 4095 AVENIDA DE LA PLATA 11/2011 Number Street As of the date you file, the claim is: Check all that apply. Contingent **OCEANSIDE** 92056 California Unliquidated State Zip Code City Disputed Who incurred the debt? Check one. Debtor 1 only ◪ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify 012 InstallmentLoan Is the claim subject to offset?

No Yes

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Debtor 1 Dichelle С Casey Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** SYNCB/SMRTCN 4.19 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965005 When was the debt incurred? 4/2007 Number Street As of the date you file, the claim is: Check all that apply. Contingent Orlando 32896 Florida Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt CreditCard Other. Specify \_ Is the claim subject to offset? ◪ **✓** No Yes 4.20 WESTLAKE FIN \$11,049.00 Last 4 digits of account number 4576 Nonpriority Creditor's Name 4751 WILSHIRE BVLD SUITE 100 When was the debt incurred? 3/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent LOS ANGELES California 90010 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ 32 Automobile Is the claim subject to offset?

✓ No Yes Case 18-10821 Doc 1 Filed 04/13/18 Entered 04/13/18 12:12:52 Desc Main Document Page 33 of 79

Debtor 1 Dichelle C Casey Case number (if known)
First Name Middle Name Last Name

#### Add the Amounts for Each Type of Unsecured Claim Part 4: 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$3,000.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$3,000.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims \$0.00 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$27,484.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$27,484.00 6j. Total. Add lines 6f through 6i. 6j.

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|
| Debtor 1  | Dichelle                  | С           | Casey                        |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |
| Debtor 2  | Christopher               |             | Casey                        |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |
| Case number                                     |                           |             |                              |  |  |  |

### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Dichelle                  | С           | Casey                        |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  | Christopher               |             | Casey                        |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (0.11.10)                    |  |  |  |  |

Check if this is an amended filing

### Official Form 106H

### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number

|    | entries in the boxes on the left. Attach t<br>wn). Answer every question.             | he Additional Page to this      | s page. On the top of a | ny Additional Pages, write your name and case number (if  |
|----|---|---------------------------------|-------------------------|---|
| 1. | Do you have any codebtors? (If you are  | iling a joint case, do not list | either spouse as a code | ebtor.)   |
|    | <b>✓</b> No   |                                 |                         |   |
|    | Yes   |                                 |                         |   |
| 2. | Within the last 8 years, have you lived i<br>Idaho, Louisiana, Nevada, New Mexico, Po |                                 |                         | nmunity property states and territories include Arizona, California,  |
|    | No. Go to line 3.   |                                 |                         |   |
|    | Yes. Did your spouse, former spou   | use, or legal equivalent live   | e with you at the time? |   |
|    | No No   |                                 |                         |   |
|    | Yes. In which community state   | or territory did you live?      | Fi                      | ill in the name and current address of that person.   |
|    | Name of your spouse, former   | spouse, or legal equivalent     |                         |   |
|    | Number Street   |                                 |                         |   |
|    | City  | State                           | Zip Code                |   |
| 3. | again as a codebtor only if that person   | is a guarantor or cosigne       | r. Make sure you have   | r spouse is filing with you. List the person shown in line 2 listed the creditor on Schedule D (Official Form 106D), D, Schedule E/F, or Schedule G to fill out Column 2. |
|    | Column 1: Your codebtor   |                                 |                         | Column 2: The creditor to whom you owe the debt   |
|    |   |                                 |                         | Check all schedules that apply:   |
|    |   |                                 |                         | Опеск ан эспесинея так арргу.   |

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|                            |  | 200  | cument F                    | aye so            | 01 7 3            |   |
|----------------------------|--|--|-----------------------------|-------------------|-------------------|---|
| Fill in this inf           | ormation to identify   | your case:   |                             |                   |                   |   |
| Debtor 1                   | Dichelle   | С  | Casey                       |                   |                   |   |
|                            | First Name   | Middle Name  | Last Name                   | Э                 | - Che             | eck if this is:   |
| Debtor 2                   | Christopher  |  | Casey                       |                   |                   | An amended filing   |
| (Spouse, if filing)        | First Name   | Middle Name  | Last Name                   | Э                 |                   | -   |
| United States the:         | Bankruptcy Court for   | Northern   | District of Illinois (State |                   | -   "             | A supplement showing post-petition chapter 1 expenses as of the following date: |
| Case number (If known)     |  |  |                             |                   | _                 | MM / DD / YYYY  |
| Official                   | Form 106I  |  |                             |                   |                   |   |
| Schedu                     | le I: Your In  | come   |                             |                   |                   | 12/1:   |
| number (if kn              | nown). Answer ever   | y question.  | et to una form.             | on the top        | or any additi     | tional pages, write your name and case  |
| -                          | r employment   |  | Debtor 1                    |                   |                   | Debtor 2  |
| informatio                 |  | Employment status  | ✓ Employed                  |                   |                   | Employed  |
| attach a se                | e more than one job,<br>parate page with<br>n about additional | . ,  | Not Emplo                   |                   |                   | Not Employed  |
| employers.                 |  | Occupation   |                             |                   |                   |   |
| Include par<br>self-emplo  | rt time, seasonal, or<br>yed work.                             | Employer's name  | Illinois Action             | for Children      |                   |   |
| Occupation                 | n may include student  | Employer's address                                       | 4753 N. Broadway STE 1200   |                   |                   | Number Chart  |
| •                          | aker, if it applies.   |  | Number Street               |                   |                   | Number Street   |
|                            |  |  |                             |                   |                   |   |
|                            |  |  | Chicago<br>City             | Illinois<br>State | 60640<br>Zip Code | City State Zip Code   |
|                            |  | How long employed there?                                 |                             |                   |                   |   |
| Part 2: Giv                | e Details About N  | Nonthly Income   |                             |                   |                   |   |
| Estimate mo                |  | <del>-</del>   | <b>n.</b> If you have not   | hing to repo      | rt for any line,  | write \$0 in the space. Include your non-filing                                 |
|                            |  |  | combine the info            | rmation for a     | all employers f   | or that person on the lines below. If you need                                  |
| more space,                | attach a separate she  | et to this form.   |                             | For D             | ebtor 1           | For Debtor 2 or non-filing spouse   |
| deductio                   |  | ary, and commissions (before, calculate what the monthly |                             |                   | \$3,930.70        | \$0.00  |
| be.<br>3. <b>Estimat</b> e | e and list monthly ove   | rtime pav.   | 3.                          |                   | + \$0.00          | + \$0.00  |

\$0.00

\$3,930.70

4. Calculate gross income. Add line 2 + line 3.

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| Debtor              | 1 Dichelle<br>First Name              | C<br>Middle Name   | Casey<br>Last Name | Case numbe               | er (if                            |       |                        |
|---------------------|---------------------------------------|--|--------------------|--------------------------|-----------------------------------|-------|------------------------|
|                     | riist Name                            | wildule Name   | Last Name          | known) For Debtor 1      | For Debtor 2 or non-filing spouse |       |                        |
| Сору                | line 4 here                           |  | <b>→</b> 4.        | \$3,930.70               | \$0.00                            |       |                        |
| 5. <b>List</b> a    | all payroll ded                       | uctions:   |                    |                          |                                   |       |                        |
| 5a. 1               | Гах, Medicare,                        | and Social Security deductions   | 5a.                | \$402.07                 | \$0.00                            |       |                        |
| 5b. <b>I</b>        | Mandatory cor                         | tributions for retirement plans  | 5b.                | \$0.00                   | \$0.00                            |       |                        |
| 5c. <b>\</b>        | oluntary cont                         | ributions for retirement plans   | 5c.                | \$0.00                   | \$0.00                            |       |                        |
| 5d. <b>I</b>        | Required repay                        | yments of retirement fund loans  | 5d.                | \$0.00                   | \$0.00                            |       |                        |
| 5e. <b>I</b>        | nsurance                              |  | 5e.                | \$497.32                 | \$0.00                            |       |                        |
| 5f. <b>C</b>        | Oomestic supp                         | ort obligations  | 5f.                | \$0.00                   | \$0.00                            |       |                        |
| 5g. <b>l</b>        | Union dues                            |  | 5g.                | \$0.00                   | \$0.00                            |       |                        |
| 5h. (               | Other deduction                       | ons. Specify:  | 5h. +              | \$0.00 +                 | \$0.00                            |       |                        |
| 6. <b>Add</b> 1+5h. | the payroll ded                       | ductions. Add lines 5a + 5b + 5c + 5d + 5e +   | 5f + 5g 6.         | <u>\$899.38</u>          | \$0.00                            |       |                        |
| 7. Calc             | ulate total mo                        | nthly take-home pay. Subtract line 6 from lin  | e 4. 7.            | \$3,031.32               | \$0.00                            |       |                        |
|                     |                                       | ne regularly received:   |                    |                          |                                   |       |                        |
| t                   | ousiness, profe                       | m rental property and from operating a ssion, or farm ent for each property and business showing   |                    |                          |                                   |       |                        |
| ç                   | gross receipts, o                     | ordinary and necessary business expenses, and  |                    | Φ0.00                    | Ф0.00                             |       |                        |
|                     | he total monthl                       | •  | 8a.                | \$0.00                   | \$0.00                            |       |                        |
|                     | Interest and di                       |  | 8b.                | \$0.00                   | \$0.00                            |       |                        |
| c                   | dependent reg                         | payments that you, a non-filing spouse, or<br>ularly receive<br>, spousal support, child support, maintenance  |                    |                          |                                   |       |                        |
|                     |                                       | nt, and property settlement.   | 8c.                | \$0.00                   | \$0.00                            |       |                        |
| 8d. l               | Unemploymen                           | t compensation   | 8d.                | \$0.00                   | \$0.00                            |       |                        |
| 8e. <b>\$</b>       | Social Security                       | ,  | 8e.                | \$0.00                   | \$0.00                            |       |                        |
| lr<br>c<br>u<br>h   | nclude cash ass<br>ash assistance     | ent assistance that you regularly receive<br>sistance and the value (if known) of any non-<br>that you receive, such as food stamps (benefit<br>emental Nutrition Assistance Program) or<br>es |                    | 00.00                    | 40.00                             |       |                        |
| 0                   | D                                     |  | 8f.                | \$0.00                   | \$0.00                            |       |                        |
|                     |                                       | rement income  | 8g.<br>8h. +       | \$0.00                   | \$0.00                            |       |                        |
|                     | Pro Rated Fede                        | income. Specify:<br>ral Tax Refund   | 8n. +              | \$100.00 +               | \$0.00                            |       |                        |
| 9. <b>Add</b>       | all other incor                       | ne Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g   | + 8h. 9.           | \$100.00                 | \$0.00                            |       |                        |
|                     |                                       | income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor 2 or non-filing s   | 10.<br>spouse      | \$3,131.32               | \$0.00                            | =     | \$3,131.32             |
| Inclu<br>frien      | ide contribution<br>ds or relatives.  | gular contributions to the expenses that your strom an unmarried partner, members of you amounts already included in lines 2-10 or amounts   | r household, you   | r dependents, your roomi |                                   |       |                        |
| Spec                | cify:                                 |  |                    |                          |                                   | 11. + | \$0.00                 |
|                     |                                       |  |                    |                          |                                   |       |                        |
|                     |                                       | n the last column of line 10 to the amount<br>n the <i>Summary of Schedules and Statistical Sc</i>   |                    |                          |                                   | 12.   | \$3,131.32<br>Combined |
| 13. <b>Do</b> :     | you expect an<br>No.<br>Yes. Explain: | increase or decrease within the year after   | you file this for  | m?                       |                                   |       | monthly income         |
|                     | •                                     |  |                    |                          |                                   |       |                        |

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| Debtor 1                  | Dichelle                  | С           | Casey                        |   |
|---------------------------|---------------------------|-------------|------------------------------|---|
|                           | First Name                | Middle Name | Last Name                    | Check if this is:   |
| Debtor 2                  | Christopher               |             | Casey                        |   |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name                    | An amended filing   |
| United States E           | Bankruptcy Court for the: | Northern    | District of Illinois (State) | A supplement showing post-petition chapter expenses as of the following date: |
| Case number<br>(If known) |                           |             |                              | MM / DD / YYYY  |
| Official                  | Form 106J                 |             |                              |   |
|                           | e .l· Your Exn            | oncoc       |                              |   |

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number

| (if known). Answer every question.   |   |                       |                     |                    |
|--|---|-----------------------|---------------------|--------------------|
| Part 1: Describe Your Household  |   |                       |                     |                    |
| 1. Is this a joint case?   |   |                       |                     |                    |
| No. Go to line 2   |   |                       |                     |                    |
| Yes. Does Debtor 2 live in a separate household?   |   |                       |                     |                    |
| <b>✓</b> No  |   |                       |                     |                    |
| Yes. Debtor 2 must file Official Forms 106J-2, Expens  | ses for Separate Household of Debto                 | or 2.                 |                     |                    |
| 2. Do you have dependents? No  |   |                       |                     |                    |
| Do not list Debtor 1 and Debtor 2.  Yes. Fill out this information for each dependent  | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's age       | Does de<br>with you | pendent live<br>ı? |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  |   |                       |                     |                    |
| Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless your             | ou are using this form as a supple                  | ment in a Chapter 1   | 3 case to r         | eport              |
| expenses as of a date after the bankruptcy is filed. If this is a suppapplicable date.   | plemental Schedule J, check the                     | box at the top of the | form and f          | ill in the         |
| Include expenses paid for with non-cash government assistance is such assistance and have included it on Schedule I: Your Income |   |                       |                     | Your expenses      |
| 4. The rental or home ownership expenses for your residence. In any rent for the ground or lot. 4.                               | clude first mortgage payments and                   |                       | 4.                  | \$370.00           |
| If not included in line 4:   |   |                       |                     |                    |
| 4a. Real estate taxes  |   |                       | 4a                  | \$117.00           |
| 4b. Property, homeowner's, or renter's insurance   |   |                       | 4b.                 | \$130.00           |
| 4c. Home maintenance, repair, and upkeep expenses  |   |                       | 4c.                 | \$0.00             |
| 4d. Homeowner's association or condominium dues  |   |                       | 4d.                 | \$0.00             |

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 Debtor 1
 Dichelle
 C
 Casey
 Case number (if known)

 First Name
 Middle Name
 Last Name

| First Name Middle Name Last Name   |     |               |
|--|-----|---------------|
|  |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans                            | 5.  | \$0.00        |
| 6. Utilities:  |     |               |
| 6a. Electricity, heat, natural gas   | 6a. | \$425.00      |
| 6b. Water, sewer, garbage collection   | 6b. | \$110.00      |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                                       | 6c. | \$200.00      |
| 6d. Other. Specify:  | 6d  | \$0.00        |
| 7. Food and housekeeping supplies  | 7.  | \$450.00      |
| 8. Childcare and children's education costs  | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning   | 9.  | \$75.00       |
| 10. Personal care products and services  | 10. | \$50.00       |
| 11. Medical and dental expenses  | 11. | \$25.00       |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments     | 12. | \$285.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books                                   | 13. | \$0.00        |
| 14. Charitable contributions and religious donations   | 14. | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.      |     |               |
| 15a. Life insurance  | 15a | \$0.00        |
| 15b. Health insurance  | 15b | \$0.00        |
| 15c. Vehicle insurance   | 15c | \$69.00       |
| 15d. Other insurance. Specify:   | 15d | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.              |     |               |
| Specify:   | 16  | \$0.00        |
| 17. Installment or lease payments:   |     |               |
| 17a. Car payments for Vehicle 1  | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2  | 17b | \$0.00        |
| 17c. Other. Specify:   | 17c | \$0.00        |
| 17d. Other. Specify:   | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from          |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18. |               |
| 19.Other payments you make to support others who do not live with you.  Specify:                         | 19. | \$0.00        |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |     | \$0.00        |
| 20a. Mortgages on other property   | 20a | \$0.00        |
| 20b. Real estate taxes.  | 20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance  | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.   | 20d | \$0.00        |
|  |     |               |

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| Debtor 1 Dichelle             | С   | Casey                        | Case number (if known) |     |             |
|-------------------------------|---|------------------------------|------------------------|-----|-------------|
| First Name                    | Middle Name   | Last Name                    |                        |     |             |
| 21. Other. Specify:           |   |                              |                        | 21  | \$0.00      |
|                               |   |                              |                        |     |             |
| 22. Calculate your monthly ex | cpenses.  |                              |                        |     | \$2,306.00  |
| 22a. Add lines 4 through 21   |   |                              |                        |     | \$0.00      |
| 22b. Copy line 22 (monthly    | expenses for Debtor 2), if any                                  | from Official Form 106J-2    |                        |     | \$2,306.00  |
| 22c. Add line 22a and 22b.    | The result is your monthly exp                                  | enses.                       |                        | 22. |             |
| 23. Calculate your monthly ne | t income.   |                              |                        |     |             |
| 23a. Copy line 12 (your com   | bined monthly income) from                                      | Schedule I.                  |                        | 23a | \$3,131.32  |
| 23b. Copy your monthly exp    | penses from line 22 above.                                      |                              |                        | 23b | \$2,306.00  |
|                               | expenses from your monthly i                                    | ncome.                       |                        |     | \$825.32    |
| The result is your mont       | thly net income.  |                              |                        | 23c | <del></del> |
|                               | t to finish paying for your car<br>ase or decrease because of a | oan within the year or do yo | u expect your          |     |             |

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| Fill in this infor                      | rmation to identify your ca | ase:        |                              |  |
|---|-----------------------------|-------------|------------------------------|--|
| Debtor 1                                | Dichelle                    | С           | Casey                        |  |
|   | First Name                  | Middle Name | Last Name                    |  |
| Debtor 2                                | Christopher                 |             | Casey                        |  |
| (Spouse, if filing)                     | First Name                  | Middle Name | Last Name                    |  |
| United States Bankruptcy Court for the: |                             | Northern    | District of Illinois (State) |  |
| Case number                             |                             |             |                              |  |

### Official Form 106Dec

| П | Check if this is a | n |
|---|--------------------|---|
| _ | amended filing     |   |

### **Declaration About an Individual Debtor's Schedules**

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If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |               |  |  |
|-----|--|---------------|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                    | help you fill | out bankruptcy forms?  |  |
|     | ✓ No   |               |  |  |
|     | Yes. Name of person  |               | okruptcy Petition Preparer's Notice, Declaration, and<br>Official Form 119). |  |
|     |  |               |  |  |
|     |  |               |  |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedu    | les filed with this declaration and  |  |
|     | that they are true and correct.  |               |  |  |
| X   | /s/ Dichelle Casey   | ×             | /s/ Christopher Casey  |  |
|     | Signature of Debtor 1  |               | Signature of Debtor 2  |  |
|     | Date 4/13/2018   |               | Date 4/13/2018   |  |
|     | MM/DD/YYYY   |               | MM/DD/YYYY   |  |

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|                                |  |                               |  |                  | _        |          |                                 |
|--------------------------------|--|-------------------------------|--|------------------|----------|----------|---------------------------------|
| Fill in this infor             | rmation to identify your o                     | ase:                          |  |                  |          |          |                                 |
| Debtor 1                       | Dichelle                                       | С                             | Casey  |                  |          |          |                                 |
|                                | First Name                                     | Middle N                      |  | Э                |          |          |                                 |
| Debtor 2                       | Christopher                                    |                               | Casey  |                  |          |          |                                 |
| (Spouse, if filing)            | First Name                                     | Middle N                      | ame Last Name  | Э                |          |          |                                 |
| United States B                | Bankruptcy Court for the:                      | Northern                      | District of Illino   |                  |          |          |                                 |
| Case number<br>(If known)      |  |                               | (State   | =)<br>           |          |          |                                 |
| Official                       | Form 107                                       |                               |  |                  | _        |          | Check if this is amended filing |
|                                |  |                               | or Individuals I   |                  |          |          | 04/                             |
| nformation. I<br>number (if kn | If more space is neede<br>own). Answer every q | ed, attach a sepa<br>uestion. | rried people are filing t<br>rate sheet to this form.<br>and Where You Lived | On the top of    |          |          |                                 |
|                                | your current marital st                        |                               |  |                  |          |          |                                 |
|                                |  |                               |  |                  |          |          |                                 |
|                                | ırried   |                               |  |                  |          |          |                                 |
| ☐ Not                          | t married                                      |                               |  |                  |          |          |                                 |
| 0 5 4                          |  | P. d. ber                     | alba alba a baar a P   |                  |          |          |                                 |
| 2. During                      | the last 3 years, have yo                      | ou lived anywhere             | other than where you liv   | e now?           |          |          |                                 |
| <b>✓</b> No                    |  |                               |  |                  |          |          |                                 |
|                                | s. List all of the places vo                   | ou lived in the last:         | 3 years. Do not include v  | here vou live no | )W.      |          |                                 |
|                                | 5. <u>1.0. a</u> 5. a 6 p.a.666 y              |                               | o your or 20 mor monado r  |                  |          |          |                                 |
| Del                            | btor 1:  |                               | Dates Debtor 1 lived there   | Debtor 2:        |          |          | Dates Debtor 2 lived there      |
|                                |  |                               |  | Same as I        | Debtor 1 |          | Same as Debtor 1                |
|                                |  |                               |  |                  |          |          |                                 |
| Nui                            | mber Street                                    |                               | From   | Number Street    | i        |          | From                            |
|                                |  |                               | To   |                  |          |          | To                              |
|                                |  |                               |  |                  |          |          |                                 |
| City                           | / State  | Zip Code                      |  | City             | State    | Zip Code |                                 |
|                                | , Giaic  | Zip oodc                      |  |                  |          | Zip Code |                                 |
|                                |  |                               |  | Same as I        | Jebtor 1 |          | Same as Debtor 1                |
| Nu                             | mber Street                                    |                               | From   | Number Street    | <u> </u> |          | From                            |
| Nui                            | inder otreet                                   |                               | То   | Number Street    | ,        |          |                                 |
|                                |  |                               |  |                  |          |          |                                 |
|                                |  |                               |  |                  |          |          |                                 |
| City                           | y State  | Zip Code                      |  | City             | State    | Zip Code |                                 |
| 0 145                          | . 1 1. 0                                       |                               |  |                  |          |          |                                 |
|                                |  |                               | ouse or legal equivalent i<br>ana, Nevada, New Mexico,                       |                  |          |          |                                 |
|                                | ,  | , .,                          | ,                                      |                  |          |          | •                               |

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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Debtor 1 Dichelle Casev Case number (if known) First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and (before deductions and Check all that apply. exclusions) exclusions) Wages,  $\overline{\mathbf{A}}$ \$7256.68 Wages, From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$45251.00 For last calendar year: commissions, commissions, (January 1 to December 31, 2017 bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$46000.00 For the calendar year before that: commissions, commissions, (January 1 to December 31, 2016 ) bonuses, tips bonuses, tips YYYY Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and exclusions) and exclusions) \$2,000.00 Est Unemployment From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2017 For the calendar year before that: (January 1 to December 31, 2016

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Casey Debtor 1 Dichelle Case number (if known) First Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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| tor 1              | Dichelle  | С  | Cas   | sey  | Case number                                 | (if known)  |
|--------------------|---|--|---|--|---|---|
|                    | First Name                                      | Middle Name  | e Last  | Name   |   |   |
| Insi<br>com<br>age | ders include your rela<br>porations of which yo | ou are an officer, director<br>a business you operate                      | ers; relatives of any g<br>, person in control, | general partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider? You are a general partner; I securities; and any managing I domestic support obligations, |
| Ė                  | Yes. List all payme                             | ents to an insider.  |   |  |   |   |
| _                  |   |  | Dates of payment                                | Total amount paid                            | Amount you still owe                        | Reason for this payment   |
|                    | Insider's Name                                  |  |   |  |   |   |
|                    | Number Street                                   |  | -   |  |   |   |
| _                  | City St   | ate Zip Code   | -   |  |   |   |
|                    | Insider's Name                                  |  |   |  |   |   |
|                    | Number Street                                   |  | <del>.</del>                                    |  |   |   |
|                    | City St   | ate Zip Code   | -   |  |   |   |
| insi               | der?<br>ude payments on de<br>No                | ou filed for bankruptcy, bts guaranteed or cosign nts that benefited an ir | ned by an insider.                              | Total amount                                 | Amount you                                  | n account of a debt that benefited an  Reason for this payment  |
|                    |   |  | payment   | paid   | still owe                                   | Include creditor's name   |
|                    | Insider's Name                                  |  |   |  |   |   |
|                    | Number Street                                   |  | _   |  |   |   |
| _                  | City St   | ate Zip Code   | -   |  |   |   |
|                    | Insider's Name                                  |  |   |  |   |   |
|                    | Number Street                                   |  | -   |  |   |   |
|                    | City St   | ate Zip Code   | -   |  |   |   |
|                    | OILY OIL  |  |   |  |   | I .   |

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Debtor 1 Dichelle Casey Case number (if known) First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | or 1           | Dichelle  | С                       | Casey                         | Case number (if known)      |                          |                    |
|------|----------------|---|-------------------------|-------------------------------|-----------------------------|--------------------------|--------------------|
|      |                | First Name  | Middle Name             | Last Name                     |                             |                          |                    |
| 11.  | acc            | thin 90 days before you filed<br>counts or refuse to make a p |                         |                               | k or financial institution, | set off any amou         | nts from your      |
|      |                | No<br>Yes. Fill in the details.                               |                         |                               |                             |                          |                    |
|      |                | l   |                         | Describe the action the c     | reditor took                | Date action was taken    | Amount             |
|      |                | Creditor's Name   |                         |                               |                             |                          | <del></del>        |
|      |                | Number Street   |                         |                               | ,                           |                          |                    |
|      |                |   |                         | Last 4 digits of account nur  | nber: XXXX-                 |                          |                    |
|      |                | City State  | Zip Code                |                               |                             |                          |                    |
| 12.  | Witl           | hin 1 year before you filed fo                                |                         | v of your property in the pos | ssession of an assignee fo  | r the benefit of c       | reditors, a court- |
|      |                | pointed receiver, a custodia                                  |                         |                               |                             |                          | ,                  |
|      | $ \mathbf{V} $ | No<br>Yes   |                         |                               |                             |                          |                    |
| Part | Ш<br>Б:        | List Certain Gifts and Co                                     | ontributions            |                               |                             |                          |                    |
|      |                |   |                         |                               | l                           |                          |                    |
| 13.  |                | thin 2 years before you filed No                              | i for bankruptcy, did y | ou give any giπs with a tota  | i value of more than \$600  | per person?              |                    |
|      | ř              | Yes. Fill in the details for e                                | ach gift.               |                               |                             |                          |                    |
|      |                | Gifts with a total value of a per person                      | more than \$600         | Describe the gifts            |                             | Dates you gave the gifts | Value              |
|      |                |   |                         |                               |                             |                          |                    |
|      |                | Person to Whom You Gave t                                     | the Gift                |                               |                             |                          |                    |
|      |                | Number Street   |                         |                               |                             |                          |                    |
|      |                | City State  | Zip Code                |                               |                             |                          |                    |
|      |                | Person's relationship to you                                  |                         |                               |                             |                          |                    |
|      |                | Person to Whom You Gave t                                     | the Gift                |                               |                             |                          |                    |
|      |                |   |                         |                               |                             |                          |                    |
|      |                | Number Street   |                         |                               |                             |                          |                    |
|      |                | City State Person's relationship to you                       | Zip Code                |                               |                             |                          |                    |
|      |                | i erson s relationship to you                                 |                         |                               |                             |                          |                    |

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| ebtor 1  | Dichelle   | С                         | Casey   | Case number (if know         | vn)                                     |                        |
|----------|--|---------------------------|---|------------------------------|---|------------------------|
|          | First Name   | Middle Name               | Last Name   |                              |   |                        |
|          |  |                           |   |                              |   |                        |
| Wit      | hin 2 years before you   | i filed for bankruptcy, d | id you give any gifts or contribut                    | tions with a total value     | of more than \$600                      | to any charity?        |
| <b>✓</b> | No   |                           |   |                              |   |                        |
| ¥        |  | f                         | 4:  |                              |   |                        |
|          | Yes. Fill in the details   | for each gift or contribu | JUON.   |                              |   |                        |
|          | Gifts or contributions   | s to charities            | Describe what you contril                             | buted                        | Date you                                | Value                  |
|          | that total more than   | \$600                     |   |                              | contributed                             |                        |
|          |  |                           |   |                              |   |                        |
|          | Charity's Name   |                           | _   |                              |   |                        |
|          | Offairty 5 Name  |                           |   |                              |   |                        |
|          | -  |                           | _   |                              |   |                        |
|          | Number Street  |                           | _   |                              |   |                        |
|          | Number Street  |                           |   |                              |   |                        |
|          | City Sta   | ate Zip Code              | <del>-</del>  |                              |   |                        |
|          | Oily Oil   | 2.p 0000                  |   |                              |   |                        |
| t 6:     | List Certain Losses  | •                         |   |                              |   |                        |
|          |  |                           |   |                              |   |                        |
|          | Yes. Fill in the details.  Describe the propert how the loss occurre | ty you lost and           | Describe any insurance of Include the amount that ins | surance has paid. List       | Date of your loss                       | Value of property lost |
|          |  |                           | pending insurance claims o<br>A/B: Property.          | n line 33 of <i>Schedule</i> |   |                        |
|          |  |                           | 77B. Troperty.  |                              |   |                        |
|          |  |                           |   |                              |   |                        |
| t 7:     | List Certain Payme   | t T                       |   |                              |   |                        |
|          | No<br>Yes. Fill in the details.                                      |                           |   |                              |   |                        |
| V        | 100.1  |                           |   |                              |   |                        |
|          |  |                           | Description and value of a transferred                | any property                 | Date payment<br>or transfer<br>was made | Amount of payment      |
|          | Carraged Lavy Firms  |                           | A.I   |                              |   | Ф <b>Г</b> ОО ОО       |
|          | Semrad Law Firm Person Who Was Paid                                  |                           | Attorney's Fee - 500.00                               |                              | 4/6/2018                                | \$500.00               |
|          | 11101 S. Western Ave   |                           |   |                              |   |                        |
|          | Number Street  | iiue .                    | _   |                              |   |                        |
|          | rumbor onoot   |                           |   |                              |   |                        |
|          |  |                           | _   |                              |   |                        |
|          | Chicago Illin  | nois 60643                |   |                              |   |                        |
|          | City Sta   | ate Zip Code              | _   |                              |   |                        |
|          |  | ·                         |   |                              |   |                        |
|          | Email or website addre   | ess                       |   |                              |   |                        |
|          | Doro on Mile a Marata di   | Dovement # Nat V          | _   |                              |   |                        |
|          | Person Who Made the  | rayment, if Not You       |   |                              |   |                        |
|          |  |                           |   |                              | <u> </u>                                |                        |
|          | Person Who Was Paid  |                           | _   |                              |   |                        |
|          |  |                           |   |                              |   |                        |
|          | Number Street  |                           |   |                              |   |                        |
|          |  |                           |   |                              |   |                        |
|          |  |                           |   |                              |   |                        |
|          |  |                           |   |                              |   |                        |
|          | City Sta   | ate Zip Code              | _   |                              |   |                        |
|          |  |                           | <del>-</del>  |                              |   |                        |
|          | City Sta  Email or website addre                                     |                           | _<br>_  |                              |   |                        |
|          |  | ess                       | _<br>_<br>_   |                              |   |                        |

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| Debto | r 1 Dichelle C  | Casey Case                                       | number (if known)   |                           |
|-------|---|--|---|---------------------------|
|       | First Name Middle Name  | Last Name  |   |                           |
| ŀ     | Within 1 year before you filed for bankruptcy, did help you deal with your creditors or to make pay Do not include any payment or transfer that you liste                                     | ments to your creditors?                         | f pay or transfer any property to a                                     | anyone who promised to    |
| ]     | No Yes. Fill in the details.  |  |   |                           |
| ١     |   | Description and value of any proper transferred  | Date payment or transfer was made                                       | Amount of payment         |
|       | Person Who Was Paid   | _  |   |                           |
|       | Number Street   | _  |   |                           |
|       | City State Zip Code   | _  |   |                           |
| - 1   | the ordinary course of your business or financial include both outright transfers and transfers made a and transfers that you have already listed on this stat   No Yes. Fill in the details. | s security (such as the granting of a security i | nterest or mortgage on your proper                                      | ty). Do not include gifts |
|       |   | Description and value of property transferred    | Describe any property or<br>payments received or debts p<br>in exchange | Date transfer was made    |
|       | Person Who Received Transfer  | _  |   |                           |
|       | Number Street   | _  |   |                           |
|       | City State Zip Code<br>Person's relationship to you   | _  |   |                           |
|       | Person Who Received Transfer  | _  |   |                           |
|       | Number Street   | _  |   |                           |
|       | City State Zip Code<br>Person's relationship to you   | _  |   |                           |
| k     | Within 10 years before you filed for bankruptcy, beneficiary? These are often called asset-protection devices.)   | did you transfer any property to a self-set      | tled trust or similar device of wh                                      | ich you are a             |
| ı     | Yes. Fill in the details.   | Description and value of the prope               | erty transferred  | Date<br>transfer was      |
|       | Name of trust   |  |   | made                      |

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Debtor 1 Dichelle Casev Case number (if known) First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

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Debtor 1 Dichelle Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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| Deb  | tor 1 | Dichelle                   |                 | 0                 | Casey                       | Case                | number (if | known)                      |                |                    |
|------|-------|----------------------------|-----------------|-------------------|-----------------------------|---------------------|------------|-----------------------------|----------------|--------------------|
|      |       | First Name                 |                 | Middle Name       | Last Name                   |                     |            |                             |                |                    |
| 26.  | Hav   | e you been a party         | y in any judici | al or administr   | rative proceeding unde      | r any environment   | al law? In | clude settlemer             | nts and order  | 'S.                |
|      |       | No<br>Yes. Fill in the det | ails.           |                   |                             |                     |            |                             |                |                    |
|      |       |                            |                 |                   | Court or agency             |                     | Nature o   | of the case                 |                | Status of the case |
|      |       | Case title                 |                 |                   |                             |                     |            |                             |                | Pending            |
|      |       |                            |                 |                   | Court Name  Number Street   |                     |            |                             |                | On appeal          |
|      |       | Case number                |                 |                   | City State                  | Zip Code            |            |                             |                | Concluded          |
| Part | 111:  | Give Details Ab            | oout Your B     |                   | onnections to Any B         | ·                   |            |                             |                |                    |
| 27.  |       |                            |                 |                   | d you own a business o      |                     | ollowing c | onnections to a             | ny business?   | ,                  |
|      |       | -                          |                 |                   | ade, profession, or othe    | -                   | _          |                             | •              |                    |
|      |       | _                          |                 | lity company (L   | LLC) or limited liability p | artnership (LLP)    |            |                             |                |                    |
|      |       | A partner in a             | -               | naging executiv   | ve of a corporation         |                     |            |                             |                |                    |
|      |       | An owner of a              | at least 5% of  | the voting or e   | equity securities of a co   | rporation           |            |                             |                |                    |
|      | V     | No. None of the a          |                 |                   | details below for each      | husings             |            |                             |                |                    |
|      | Ш     | res. Grieck all tric       | ат арріу ароу   | e and illi in the |                             | ture of the busines | ss         | Employer Ider               | ntification nu | ımber Do not       |
|      |       |                            |                 |                   |                             |                     |            | include Socia               | I Security nu  | mber or ITIN.      |
|      |       | Business Name              |                 |                   | _                           |                     |            | LIIV.                       |                |                    |
|      |       | Number Street              |                 |                   | Name of accoun              | tant or bookkeepe   | r          | Dates busines               | ss existed     |                    |
|      |       | City                       | State           | Zip Code          |                             |                     |            | From                        | To             |                    |
|      |       |                            |                 |                   |                             |                     |            |                             |                |                    |
|      |       |                            |                 |                   | Describe the nat            | ture of the busines | s          | Employer Ider               |                |                    |
|      |       | Business Name              |                 |                   | _                           |                     |            | EIN:                        |                |                    |
|      |       | Number Street              |                 |                   | _                           |                     |            | Dates busines               | ss existed     |                    |
|      |       | City                       | State           | Zip Code          | Name of accoun              | tant or bookkeepe   | r          | From                        | To             |                    |
|      |       | •                          |                 | ·                 |                             |                     |            |                             |                |                    |
|      |       |                            |                 |                   |                             |                     |            |                             |                |                    |
|      |       |                            |                 |                   | Describe the nat            | ture of the busines | is         | Employer Ider include Socia |                |                    |
|      |       | Business Name              |                 |                   | _                           |                     |            | EIN:                        |                |                    |
|      |       | Number Street              |                 |                   | Name of accoun              | tant or bookkeepe   | r          | Dates busines               | ss existed     |                    |
|      |       | City                       | State           | Zip Code          |                             |                     |            | From                        | To             |                    |
|      |       |                            |                 |                   |                             |                     |            |                             |                |                    |

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| Deb  | tor 1 Dichelle  | С                             | Casey                            | Case number (if known)  |
|------|---|-------------------------------|----------------------------------|---|
|      | First Name  | Middle Name                   | Last Name                        |   |
| 28.  | Within 2 years before y creditors, or other par  No Yes. Fill in the deta | ties.                         | ou give a financial statemen     | nt to anyone about your business? Include all financial institutions,   |
|      |   |                               | Date issued                      |   |
|      | Nome  |                               | MM/DD/YYYY                       |   |
|      | Name  |                               | IVIIVI/OD/1111                   |   |
|      | Number Street   |                               | <del>_</del>                     |   |
|      | -   |                               | <u> </u>                         |   |
|      | City  | State Zip Code                |                                  |   |
| Part | 12: Sign Below  |                               |                                  |   |
| t    | true and correct. I unde  | rstand that making a false st | atement, concealing propert      | nts, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | <b>x</b> /s/ [  | Dichelle Casey                |                                  | /s/ Christopher Casey   |
|      |   | re of Debtor 1                |                                  | Signature of Debtor 2   |
|      | Date 4.   | /13/2018                      |                                  | Date 4/13/2018  |
|      | Did you attach additions  | al pages to Your Statement o  | f Financial Affairs for Individu | uals Filing for Bankruptcy (Official Form 107)?   |
| Г    | <b>✓</b> No   |                               |                                  |   |
| į    | Yes   |                               |                                  |   |
| [    | Did you pay or agree to   | pay someone who is not an a   | ttorney to help you fill out ba  | ankruptcy forms?  |
| Г    | <b>✓</b> No   |                               |                                  |   |
| Ė    | Yes. Name of person   |                               |                                  | Attach the Bankruptcy Petition Preparer's Notice,   |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|     |   | Northern Distri               | Ct of illinois  |                              |
|-----|---|-------------------------------|---|------------------------------|
| re_ | Dichelle C Casey; Christophe  | r Casey                       | Case No.  |                              |
|     | Debtor  |                               |   | (If known)                   |
|     |   |                               | Chapter   | Chapter 13                   |
|     | DISCLOSURE OF   | COMPENSATIO                   | N OF ATTORNEY F   | OR DEBTOR                    |
| 1.  | Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf  | year before the filing of the | petition in bankruptcy, or agreed to                                      | be paid to me, for services  |
|     | For legal services, I have agreed to ac   | cept                          |   | \$4,000.00                   |
|     | Prior to the filing of this statement I h   | lave received                 |   | \$500.00                     |
|     | Balance Due   |                               |   | \$3,500.00                   |
| 2.  | The source of the compensation paid   | to me was:                    |   |                              |
|     | <b>✓</b> Debtor   | Other (specify)               |   |                              |
| 3.  | The source of the compensation paid   | I to me is:                   |   |                              |
|     | <b>✓</b> Debtor   | Other (specify)               |   |                              |
| 4.  | I have not agreed to share the ab<br>members and associates of my la  |                               | n with any other person unless the  | y are                        |
|     |   | firm. A copy of the agreem    | ith a other person or persons who a ent, together with a list of the name |                              |
| 5.  | n return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankrua. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining bankruptcy; |                               |   |                              |
|     | b. Preparation and filing of any p  | petition, schedules, stateme  | ents of affairs and plan which may b                                      | pe required;                 |
|     | c. Representation of the debtor   | at the meeting of creditors a | and confirmation hearing, and any a                                       | adjourned hearings thereof;  |
|     | d. Representation of the debtor   | in adversary proceedings an   | nd other contested bankruptcy matt  | ters;                        |
| 6.  | By agreement with the debtor(s), the  | above-disclosed fee does no   | ot include the following services:  |                              |
|     |   |                               |   |                              |
|     |   | CERTIFIC                      | ATION   |                              |
|     | certify that the foregoing is a complet or(s) in this bankruptcy proceedings.   | e statement of any agreeme    | nt or arrangement for payment to m  | ne for representation of the |
|     | 4/13/2018   |                               | /s/ Brittney Mansfield  |                              |
|     | Date  |                               | Signature of Attorney   |                              |
|     |   |                               | Semrad Law Firm   |                              |
|     |   |                               | Name of law firm  |                              |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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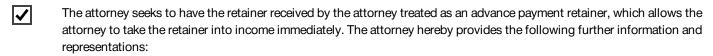
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$401.52
- 3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$91.52 for expenses, leaving a balance due of \$3,901.52
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:     | 4/13/2018     |                        |
|-----------|---------------|------------------------|
| Signed:   |               |                        |
| /s/ Diche | elle Casey    |                        |
| /s/ Chris | stopher Casey | /s/ Brittney Mansfield |
| Debtor(s  | )             | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1.717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc">http://www.justice.gov/ust/eo/hapcpa/ccde/cc</a> approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| Casey, Dichelle C.; Casey, Christopher | Case No   |   |
|--|---|---|
| Debtor(s)                              |   |   |
|  | Chapter.  | Chapter13   |
| VERIFICA                               | ATION OF CREDITOR MA                              | ATRIX   |
| e above named Debtors hereby verify t  | hat the attached list of creditors is             | true and correct to the best of their   |
| 4/13/2018                              | /s/ Casey,Dic                                     | chelle C.   |
|  | Casey , Dichel<br>Signature of L                  |   |
|  | /s/ Casey, Chr                                    | ·   |
|  | Casey, Christo<br>Signature of J                  | •   |
|  | VERIFICA<br>e above named Debtors hereby verify t | VERIFICATION OF CREDITOR MA e above named Debtors hereby verify that the attached list of creditors is  /s/ Casey , Diche Signature of Description of Casey , Christo Casey , |

FED LOAN SERV P.O. Box 60610 Cornwall, PA, 17016

HYUNDAI CAPITAL AMERIC 10550 TALBERT AVE FOUNTAIN VALLEY, CA, 92708

WESTLAKE FIN 4751 WILSHIRE BVLD SUITE 100 LOS ANGELES, CA, 90010

FIRST DATA 265 BROAD HOLLOW R MELVILLE, NY, 11747

HEIGHTS FINANCE CORP 141 ELM ST WESTFIELD, MA, 01085

FIRST PREMIER BANK c/o Jefferson Capital Systems LLC PO Box 7999 c/o Linda Dold Saint Cloud, MN, 56302

CCHOLDINGS 101 CROSSWAYS PARK DR W WOODBURY, NY, 11797

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS, NV, 89193

MBB 1550 N NORTWEST HWY STE 403 PARK RIDGE, IL, 60068

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

ELAN FINANCIAL SERVICE 777 E WISCONSIN AVE MILWAUKEE, WI, 53202 CITIMORTGAGE INC Po Box 6243 Sioux Falls, SD, 57117

MONTEREY FINANCIAL SVC 4095 AVENIDA DE LA PLATA OCEANSIDE, CA, 92056

SYNCB/SMRTCN PO Box 965005 Orlando, FL, 32896

CARRINGTON MORTGAGE SE PO Box 3489 Anaheim, CA, 92803

KOHLS/CAPONE PO BOX 3115 MILWAUKEE, WI, 53201

CREDIT MGMT 4200 INTERNATIONAL CARROLLTON, TX, 75007

KEYNOTE CONS 1501 West Dundee Buffalo Grove, IL, 60089

GLOBAL NETWK 5320 COLLEGE BLVD SHAWNEE MISSION, KS, 66211

IRS Irs Mail Stop 4100 P-3 Kansas City, MO, 64999

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Illinois Department of Employment Security PO Box 19509 Springfield, IL, 62794

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State of Illinois - Dept of Revenue Po Box 64338 Chicago, IL, 60664

Illinois Department of Revenue 118 N Clark Chicago, IL, 60602

Village of Robbins Water Department 3327 W 137th St Robbins, IL, 60472

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$428.52
- 3. Before signing this agreement, the attorney has received, \$500.00 toward the flat fee, leaving a balance due of \$3,500.00; and \$118.52 for expenses, leaving a balance due of \$3,928.52
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 4/7/2018

Signed:

/s/ Dichelle Casey

/s/ Christopher Casey

Debtor(s)

/s/ Brittney Mansfield

Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.

**Local Bankruptcy Form 23c** 

### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Re Retention of The Semrad Law Firm LLC

Dear Client,

Thank you for choosing The Semrad Law Firm LLC (the Firm) to represent you in connection with your Chapter 13 Bankruptcy. In addition to the terms contained in the "Court Approved Retention Agreement (CARA) it is our policy to confirm in writing how and when our fees will be paid. If there are any terms contained in this document that are in conflict with CARA, those terms are void.

The fee charged by the Firm will be paid through the Chapter 13 plan. Each month, you will pay the Trustee the amount stated in your Chapter 13 plan. The Trustee will then disburse that money out according to the provisions of your plan.

The Firm is going to seek to have the attorney's fees and costs paid before your creditors. That means that the money you send to the Trustee each month will first be paid to the Firm and not to your creditors. This includes creditors such as your mortgage company, your car note, parking tickets, taxes, and any other creditors that may be included in your plan.

In the event that your case is dismissed before completion of the plan, it is likely that the attorney fees will have been paid while little of your other debts, including the mortgage or car note, were paid.

The benefit that you will receive from the Firm is our commitment to perform any and all work reasonably necessary to represent you in this bankruptcy without requiring you to pay a substantial amount of the fee up front. Ordinarily, the majority of the work required in a Chapter 13 case is performed during the initial months of the representation prior to confirmation of the case.

There is the possibility that your creditors or the Trustee may object to the Firm being paid under this arrangement. In the event of such an objection, we may lower that amount that we will receive each month in order to resolve the objection. However, the creditor may seek additional attorneys fees as a result of this objection.

Despite the value that we see in this arrangement, the Bankruptcy Court has previously ruled that this fee arrangement offers no value to you because the action of paying your attorney before paying your creditors is a deviation from the Model Chapter 13 Plan that had been adopted by the Court. The language that we propose to enter into your plan will have the sole purpose of paying the Firm before your creditors. This language by itself serves only to benefit the Firm by paying its fees.

### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

If you do not wish to pay your attorney's fees ahead of your creditors, you have the following options:

- a. You can to pay an upfront retainer of \$1,500 prior to filing your case and elect for the plan to pay your car note and mortgage arrears in equal set monthly payments along with your attorney's fees; or
- b. If your budget allows, you can elect to pay a higher monthly Chapter 13 payment that would provide for equal set monthly payments to your car note and mortgage arrears while paying the attorney's fee within 12 months; or
- c. You can seek representation by another firm under a different payment arrangement.

Please carefully review this letter. If the terms are not consistent with your understanding of our engagement in any respect or if you have any questions concerning the same, please notify us promptly. You can also seek advice from other counsel regarding your rights under this arrangement. Firm policy and a prior court order require that we receive confirmation of your accepteance of these terms in the form of your signature at the bottom of this letter. Please return the signed copy to the Firm as soon as possible.

Very Truly Yours,

THE SEMRAD LAW FIRM LLC

One of its Attorney

Mil

Accepted:

Shehelle Cas

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| Debtor 1 Dichelle First Name  | C<br>Middle Name   | Casey<br>Last Name   | Case number (if known)   |  |
|---|--|--|--|--|
|   | uestions for Reporting Purpos  |  |  |  |
| 16. What kind of debts do<br>you have?  | No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primar  | ual primarily for a person  ily business debts? Bus  r investment or through | al, family, or household painess debts are debts that the operation of the busi        | ourpose."<br>at you incurred to obtain<br>ness or investment.  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that No. t Yes.  | ter 7. Do you estimate that  | after any exempt property<br>distribute to unsecured cre                               | is excluded and administrative<br>ditors?  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | ☐ 1,000-5,00<br>☐ 5,001-10,0<br>☐ 10,001-25,                                 | 00   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | ☐ \$0-\$50,000 ☑ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million                                    | \$10,000,00<br>\$50,000,00   | -\$10 million 01-\$50 million 01-\$100 million 001-\$500 million                       | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. How much do you estimate your liabilities to be?  | □ \$0-\$50,000<br>□ \$50,001-\$100,000<br>☑ \$100,001-\$500,000<br>□ \$500,001-\$1 million                           | \$10,000,00<br>\$50,000,00   | 1-\$10 million   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| Part 7: Sign Below  | I have examined this netition  | and I declare under per  | palty of periuny that the in   | formation provided is true and   |
| For you   | correct.  If I have chosen to file under of title 11, United States Counder Chapter 7.  If no attorney represents me | Chapter 7, I am aware the Lunderstand the relie                              | nat I may proceed, if eligik<br>of available under each ch<br>ee to pay someone who is | ole, under Chapter 7, 11,12, or 13 apter, and I choose to proceed not an attorney to help me fill                    |
|   | out this document, I have ob<br>I request relief in accordance   |  |  |  |
|   | I understand making a false  | statement, concealing property case can result in fine                       | operty, or obtaining mon   | ¥.   |
|   | /s/ Dichelle Casey Signature of Debtor 1   | habelle Co   | /s/ Christopher of Signature of Debto  | 12   |
|   | Executed on 4/7/201  | 8<br>TDD / YYYY  | Executed on _  | 4/7/2018<br>MM / DD / YYYY   |

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| Debtor 1               | Dichelle                  | С           | Casey                |
|------------------------|---------------------------|-------------|----------------------|
|                        | First Name                | Middle Name | Last Name            |
| Debtor 2               | Christopher               |             | Casey                |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |
|                        |                           |             | (State)              |
| Case number (If known) |                           |             |                      |

### Official Form 106Dec

| į. | Check if this is an |
|----|---------------------|
|    | amended filing      |

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Part 1: | Sign Below   |   |  |  |  |
|---------|--|---|--|--|--|
| Did     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?                  |   |  |  |  |
| V       | No   |   |  |  |  |
|         | Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |   |  |  |  |
|         |  |   |  |  |  |
|         |  |   |  |  |  |
|         | er penalty of perjury, I declare that I have read the summary  | and schedules filed with this declaration and |  |  |  |
|         | they are true and correct.  Dichelle Casey   | ✗ /s/ Christopher Casey                       |  |  |  |
|         | ature of Debtor 1  | /s/ Christopher Casey Signature of Debtor 2   |  |  |  |
| Date    | 4/7/2018<br>MM/DD/YYYY   | Date 4/7/2018<br>MM/DD/YYYY                   |  |  |  |

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| Debtor 1   | Dichelle                       |                     | С                                     | Casey                        | Case number (if known)   |
|--|--------------------------------|---------------------|---------------------------------------|------------------------------|--|
|  | First Name                     |                     | Middle Name                           | Last Name                    | 8 800 8 H SECTION TO 10 10 10 10 10 10 10 10 10 10 10 10 10  |
| <ul> <li>Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial in creditors, or other parties.</li> <li>No</li> <li>Yes. Fill in the details below.</li> </ul> |                                |                     |                                       |                              |  |
| -  | _                              |                     |                                       | Date issued                  |  |
|  |                                |                     |                                       |                              | _  |
|  | Name                           |                     |                                       | MM/DD/YYYY                   |  |
|  | Number S                       | treet               |                                       | <del></del> 1                |  |
|  |                                |                     |                                       |                              |  |
|  | City                           | State               | Zip Code                              |                              |  |
| Part 12:   | Sign Belov                     | w                   |                                       |                              |  |
| true   | and correct.<br>Inkruptcy case | I understand that i | making a false s<br>s up to \$250,000 | tatement, concealing pro     | ments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ Christopher Casey  Date 4/7/2018 |
| Did  | you attach ad                  | ditional pages to \ | our Statement                         | of Financial Affairs for Ind | ividuals Filing for Bankruptcy (Official Form 107)?  |
| $\Box$   | No<br>Yes                      |                     |                                       |                              |  |
| Did  | you pay or agı                 | ree to pay someon   | e who is not an                       | attorney to help you fill o  | ut bankruptcy forms?   |
|  | No                             |                     |                                       |                              |  |
|  | Yes. Name of                   | person              |                                       |                              | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  |

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| in re: | Debtor(s)   | Case No   |                             |          |
|--------|---|---|-----------------------------|----------|
|        |   | Chapter   | Chapter13                   |          |
|        | VERIFICATION  | N OF CREDITOR MA  | TRIX                        |          |
| nowle  | The above named Debtors hereby verify that the dge. | attached list of creditors is t                           | rue and correct to the best | of their |
| )ate:  | 4/7/2018  | /s/ Casey,Dich<br>Casey,Dichelle<br>Signature of De       | ; C.                        | le Cos   |
|        |   | /s/ Casey, Christop<br>Casey, Christop<br>Signature of Jo | oher                        | seg      |

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| Debto  | r 1 Dichelle<br>First Name  | C<br>Middle Name   | Casey<br>Last Name       | Case number (if known)   |             |  |
|--------|---|--|--------------------------|--|-------------|--|
| 16     |   | an family income that applies to   |                          |  |             |  |
|        | 16a. Fill in the state i  |  | Illinois                 | spo.   |             |  |
|        |   | per of people in your household.   | 2                        | _  |             |  |
|        |   | an family income for your state and s                                      |                          | _  | \$68,687.00 |  |
|        | household   |  | To f                     | ind a list of applicable median income amounts, go online may also be available at the bankruptcy clerk's office.      | <u> </u>    |  |
| 17.    | How do the lines co   | ompare?  |                          |  |             |  |
|        | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2). |  |                          |  |             |  |
|        | U.S.C. § 1  |  | Calculation of Disp      | check box 2, Disposable income is determined under 11 posable Income (Official Form 122C-2). On line 39 of that        |             |  |
| Part 3 | : Calculate You   | ır Commitment Period Under   | 11 U.S.C. §1325          | (b)(4)   |             |  |
| 18.    | Copy your total ave   | erage monthly income from line 1   | 1.                       |  | \$2,472.12  |  |
| 19.    |   |  |                          | se is not filing with you, and you contend that calculating the of your spouse's income, copy the amount from line 13. |             |  |
|        | 19a. If the marital ad  | ljustment does not apply, fill in 0 on                                     | line 19a.                |  | -\$0.00     |  |
|        | 19b. Subtract line  | 19a from line 18.  |                          |  | \$2,472.12  |  |
| 20.    | Calculate your curi   | rent monthly income for the year.  | Follow these steps:      |  |             |  |
|        | 20a. Copy line 19b.   |  |                          |  | \$2,472.12  |  |
|        | Multiply by 12  | (the number of months in a year).  |                          |  | x 12        |  |
|        | 20b. The result is yo   | ur current monthly income for the ye                                       | ear for this part of the | e form.  | \$29,665.44 |  |
|        | 20c. Copy the media   | an family income for your state and s                                      | size of household fro    | m line 16c.  | \$68,687.00 |  |
| 21.    | How do the lines co   | ompare?  |                          | ē  |             |  |
|        | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  |  |                          |  |             |  |
|        |   | e than or equal to line 20c. Unless onent period is 5 years. Go to Part 4. | therwise ordered by t    | the court, on the top of page 1 of this form, check box  |             |  |
| Part 4 | Sign Below  |  |                          |  |             |  |
|        | By signing here,  | I declare under penalty of perjury th                                      | at the information on    | this statement and in any attachments is true and correct.   |             |  |
|        | /s/ Dichelle Casey / Signature of Debtor 1 / Signature of Debtor 2  |  |                          |  |             |  |
|        | Date 4/7/2  | 2018<br>DD/YYYY  |                          | Date 4/7/2018<br>MM/DD/YYYY  |             |  |
|        | If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.   |  |                          |  |             |  |